

BETTY  
WILSON

TO TEACH THIS ART

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BETTY WILSON

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at the University of Alberta  
1924 — 1974

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UNIVERSITY OF ALBERTA HOSPITAL, 1974

# **TO TEACH THIS ART**

**The History of the Schools of Nursing  
at the University of Alberta  
1924 - 1974**

**By Betty Wilson**

**Hallamshire Publishers**

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## To Teach This Art

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## FOREWORD

At the time of the Fiftieth Anniversary of the University of Alberta Hospital, it was realized by a number of us that there was no written history of the development of the University's schools of nursing education. In fact, it was difficult to determine just how what was originally started out as one school had later become two schools.

With all of the rapid changes which are taking place in nursing education, it was felt that the history of the schools should be written while we still had some of the original graduates and participants around to give their own first hand accounts of what had transpired.

A general committee was formed and later an editorial committee, and a federal government assistance grant was secured to aid with the research and writing. We mailed out a letter requesting information and assistance to all of our 5,381 alumnae, but the 1975 postal strike delayed the deliveries. However, the wonderful response from many members provided more than enough material and anecdotes for the writing of this book.

Hopefully, we have been able to include most of them. The history of the schools lives on in the memories of their many graduates. We hope we have been able to capture the essence of that history in this book.

The Nurses' Alumnae Committee



## INTRODUCTION

This history of nursing education at the University of Alberta and the University of Alberta Hospital covers the first fifty years, from 1924 to 1974. It is primarily a story of people; of students, graduates, teachers and many others who contributed to the education of nurses. Based on recorded documents from the University and Hospital archives, the history embodies human interest stories submitted by graduates, as well as recorded interviews with students, teachers and those who in one way or another had an influence on nursing education and nursing care in the University of Alberta community.

The writing was made possible through a federal government New Horizons Grant, application for which had been made by the Steering Committee composed of retired and semi-retired alumnae members: Eva (Wheeler) Macklam (Chairman), Louise McCallum (Secretary), Beatrice (Fane) Clough, Aileen Revell, Josephine (Bulyea) Ward, Grace (Vickers) Duke, Clare (Henderson) Carlyle, Janet (Gould) Fawcett, Isabell (McCrea) Paddon, Alice (Thompson) Cross, Ruth Thompson and M. Jean Lees.

The Committee suffered a great loss in the death of two of its charter members, Jean Lees, the former Associate Director of Nursing Services, and Ruth Thompson, who had recently retired from the position of Director of Nursing Education of the University Hospital School. Both Ruth and Jean had a wealth of information about the hospital and school of nursing, unfortunately little of which had been recorded.

The New Horizons Grant enabled the Committee to engage the author Betty Wilson, who won the Second Search for a New Alberta Novelist Competition with her book *Andre Tom Macgregor*, recently published by Macmillan of Canada. Research was carried out by Christine Rundle.

“To Teach This Art” is a tribute to all who played a part in shaping the destiny of the Schools of Nursing.

Ruth E. McClure  
October 1976

**Members of Editorial Board:**

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and to alumnae members who contributed through submissions of stories or important information about the Schools of Nursing.





# ***CHAPTER 1***

## **THE OLD STRATHCONA HOSPITAL**

At the turn of the century Edmonton and Strathcona were two separate towns on either side of the North Saskatchewan River. While Edmonton had hospitals, Strathcona did not. If you had to cross the river to get to a hospital you could use John Walter's ferry or you could go around by the Low Level Bridge — but for a woman in labour, or for a man bleeding from an axe cut, either route was a sore trial. Besides, Edmonton's hospitals were small, and needed the bed space for their own citizens. Strathcona citizens were becoming increasingly dissatisfied with the situation.

An *Edmonton Bulletin* of March 1906 reports that Dr. S. Archibald, Medical Health Officer, addressed Strathcona Council on the necessity of establishing a town hospital.

Strathcona was a terminal of the Canadian Pacific Railway, and many of the company's employees lived there with their families. Dr. Archibald reported that the C.P.R. was prepared to tax all its staff in the divisional district 50 cents per family per month for the maintenance of a hospital and that the government would add 40 cents per patient per month, which was considered liberal aid at that time.

The following are excerpts of a letter dated June 13, 1943, written by Mrs. George Elliot, whose husband was intimately connected with the establishment of the Strathcona Hospital.<sup>1</sup>

“Mr. Elliot was in the drygoods and grocery business. In 1906 he was elected to the Strathcona Town Council. He was given as his responsibility a chair in Health and Relief along with Mr. Jack McKenzie and Mr. John McFairlin. When Mr. Elliot found that part of his responsibility was the sewers being installed in the town at the time, he was about to resign. He did not like the idea of being associated with sewers. However, upon reflection, he decided that he could make a contribution to the community. He would establish a hospital on the south side of the river.

“He would not have any soliciting for hospital aid. Strathcona citizens’ pockets were already worn threadbare with that and it was not the richest who gave the most to those Edmonton hospitals. He suggested that the hospital be supported by taxation, just as the sewer system and the electric light system was.

“When he presented his suggestion to Council some of the members gasped, but he and his assistants were ordered to see what could be done about it. No time was lost. The committee surprised the next council meeting by reporting that they had found a building suitable for the hospital and had already rented it at a cost of \$50 per month.

“The building at 10450 - 78 Avenue, a large white frame structure, was being built for a rooming house but the owner had become discouraged before it was completed and had gone back to his farm leaving the building in care of an agent. Mr. Elliot and his partners were delighted with their find. The north side hospitals were very unsatisfactory to the south-siders in spite of the frequent contributions the south-siders made to them.

“Mr. Elliot met with the owners of a coal mine and officials.

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1. Mrs. Elliot's letter was part of an article entitled "Brief History of the University of Alberta Hospital," which was written for the Medical Alumnae who had attended clinics and interned at the University of Alberta Hospital. It came to us from Compton, California.

of the Canadian Pacific Railway. He suggested a levy on each of their employees as a kind of hospital insurance.

“The first patient in the new hospital was a C.P.R. man. No one had gotten the key to the building from the owner and the patient had to be taken in by a window. The building wasn’t wired for electricity and that first night, the nurses had to work by candlelight.

“When the keys had been found and the lumber bought for the laying of the top floor, Mr. Elliot helped the carpenters. Electric wiring was brought in and plumbing installed. The furnishing, at a cost of \$1,200, progressed rapidly; all but the pillows for the comfort of the suffering. Only wool pillows could be found on either side of the river. They pack and harden too easily. Wholesale supplies had to come from Winnipeg. I suggested to Mr. Elliot that I take the best one of our two feather beds and make it into pillows. That solved the problem.

“Mr. Elliot was a member of the south side Oddfellows Lodge. The lodge asked permission to furnish one bedroom to be known as the Oddfellows’ Room which was to be at the service of any Oddfellow who might need it, but be for general use at other times. The offer was gratefully accepted.”

And so the first Strathcona Hospital came into being. The first matron, a Miss Tofield, stayed only a short time. She had a staff of two graduates, one of whom was a Mrs. Vance from Montreal. Doctors serving the hospital were Dr. Evan Greene, Dr. L. W. May and Dr. F. W. Crang.

Accounts reveal that by today’s standards, the hospital was crude indeed. It was at first equipped to accommodate only 15 patients. There was an admitting room and a dispensary on the main floor. Also on this floor there was an operating room for which the main source of light, according to Dr. Evan Greene, was a large front window. On the second floor there were two wards and five private rooms. The nurses lived in the attic until an

epidemic of typhoid filled the hospital to overflowing and the nurses gave their beds to the sick and slept themselves on cots in the corridors. Although Mr. Elliot found accommodation in a separate cottage for the nurses, the hospital was overcrowded even after the epidemic subsided, and had to be altered so that the second floor accommodated only the women's public ward and two private rooms. The men's public ward was now under the rafters in the attic.

The staff boiled instruments on the kitchen stove to sterilize them and steamed dressings in an old-fashioned autoclave. Chloroform was the standard anaesthetic. Doctors scrubbed their hands before operating, immersed them in potassium permanganate, an oxalic acid solution, or in bichloride of mercury. Dr. Greene could remember no severe skin reactions. Rubber gloves were first used in Obstetrics and later in Surgery.

Returning to Mrs. Elliot's letter, "Bedding was hard to get during the typhoid epidemic. The nurses bought tubular pillow cotton material, cut lengths off and used them, open at both ends. Sheets were torn off bolts of cloth and used without being hemmed.

"Mr. Elliot came home one day with a whole bolt of cotton. Could I hem it into sheets? I put aside my washing, got out my sewing machine and made up the whole bolt.

"The boys got up a baseball match and made enough money to buy a splendid sewing machine for the hospital but the nurses were too busy to find time to use it.

"People came from quite a distance to our hospital and it was soon found that we needed more room. The Odd Fellows Hall was procured and all the equipment moved over there. The building was a new one, but something was found to be wrong with the construction and it was condemned.

"A new hospital was necessary. Courage had crept into the hearts of those council men and they decided to buy some property

near the university and build a hospital there.” (What is now Tipton Park at 109 Street and 81 Avenue.)

Plans were prepared for the new hospital, and an excavation dug for the basement, but that is as far as it progressed at the time. Strathcona found itself in the midst of the 1907 slump and unable to afford a new hospital. Five years elapsed before construction commenced on a new Strathcona hospital.

The first hospital played an important role in the history of the School of Nursing, and later became a private residence. It was the home of the Esdale family, and of Norma Esdale who was a member of the January, 1959 class. In June of 1956 the old hospital was the scene of the class capping party. The building was finally demolished in 1960.



**ORIGINAL STRATHCONA HOSPITAL, 1906**

*Location — 78 Ave. between 104 and 105 St.*

*On upper verandah. Mrs. Jessie (Dickson) Fuller, Mrs. Sieme (Hoyne) McGee and a Miss Fuller. Dr. I. W. May is on the lower verandah.*



## ***CHAPTER 2***

### **STRATHCONA HOSPITAL NURSING SCHOOL**

A training school for nurses started officially in the old Strathcona Hospital in the spring of 1906. The matron after Miss Tofield, Mrs. Jessie (Dickson) Fuller, a graduate of the Brandon General, remained until 1911. She began recruiting students for a nursing school as a matter of necessity. The hospital's staff nurses were overworked, but at \$30 per month, the Board could not afford to hire more. Half of the hospital's patients were too poor to pay for its services. But a student nurse could be offered as little as \$4 per month during her first year of training.

The school started with two students, Cora McWhirter and Sigme Hoyme, both from the Camrose district. From their stipend they bought their books and uniforms, and they learned nursing techniques from their superiors while on the job. The doctors lectured the student nurses whenever they had time, or when the spirit moved them. The students reported that they were sometimes roused from bed to attend a lecture!

The hospital's cook, the laundress and the two students slept in a tent that first winter (1906-07, one of the worst western Canada has ever recorded). It was so cold at times that even the hot

water bottle froze. In the second year, they moved into a prefabricated hut held together with hooks . . . little improvement over the tent.

By 1913 Strathcona Hospital could boast six graduates: Sigme Hoyme, Cora McWhirter, Arletta Fouls, two sisters by the name of Thompson and Mrs. A. Collison.

For a brief time Miss Newbourne was matron of the hospital. She was followed by Miss Annie Baird of the Winnipeg General Hospital, who took over as matron in August 1912. Miss Baird recruited an additional 12 students who began training in 1913. Classes which began training at Strathcona after this time completed their course at other hospitals, usually Edmonton's Royal Alexandra. The Strathcona Training School was disbanded in 1916 when the hospital was taken over by the military for the treatment of war wounded.

At that time the hospital's records were either lost or destroyed. This makes the historian's task difficult and it created difficulties for some of the graduates of the school as evidenced in this excerpt from a letter of February 1929 to R. C. Wallace, president of the University of Alberta, from Miss E. S. Fenwick, Director of Nursing. It concerns 1916 graduate Edith Macintyre's need for details of her training record so that her status could be recognized in California: "Apparently registration was granted here (Alberta) simply on proof of graduation from a recognized hospital in the province, detailed information as to the training not being asked for."

For the account which follows we are indebted to Mrs. Annie Berggren, who was a 1916 graduate of the Strathcona Hospital. Presently she is a patient in a nursing home in Vancouver.<sup>1</sup>

Some of the other members of Mrs. Berggren's class were

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1. Mrs. Berggren was born Annie Rees in Wales in 1890. She is twice married (Johnson, Berggren). In 1938 she moved to Vancouver and is presently a bed-ridden patient in the Extended Care Unit of the Lions Gate Hospital in North Vancouver. She still knits, does crochet work and dresses dolls to pass her days. We are also indebted to Marion (Shultz) Cameron, who recorded her memories for us.

Clara Oppertshauser who is supposed to be the first registered nurse graduated from the Strathcona Hospital, Agnes B. (Shaw) Dunn, Mary R. (Shaw) Douglas, Josatia Jones, Elsie Sophia Thompson, Vera Strange and Christina (Steele) Deans.

Mrs. Berggren recalls the 1917 graduates who began training a year after she did as Evelyn Malloy, Etta Elizabeth Johnson and Alvina D. Engelcke.

The 1918 graduates were Edna Sylvia Magoon, Lydia Evelyn (Smith) Shrigley, Edith Macintyre and Margaret Irvin. Miss Engelcke later worked for the provincial Department of Public Health.

The class began training in the old rooming-house hospital, moved for a brief time to the Oddfellows Lodge Hospital, and shortly thereafter to the new building on the university site. The nurses lived in the new Pembina Hall residence on the University of Alberta campus.

The new hospital had a staff consisting of the matron, Miss Baird, six graduate nurses, 24 students and two orderlies. Mrs. Berggren recalls her early training:

“I was a big healthy girl in those days. Good thing too or I wouldn’t be here to tell about it. Annie Baird, the matron, was a hard nut. We weren’t coddled. Duty was seven to seven and seven to seven and we were supposed to get a half-day off a week. If there was an admission just when you were ready to go off duty you had to stay there listing clothes and jewellery. Fifteen-cent rings and the like, and you were lucky if you got off at two o’clock.

“If you fainted in the operating room they dragged you out by the heels, gave you a few sips of brandy if you could take it, and left you in the corridor to recover on your own.

“One of our classmates, Christie Frederickson complained that she felt ill. She was told to pull herself together and get going. She had influenza. Two days later she was dead.

“When I was a green young student, a young bank clerk was

brought into the hospital with a ruptured appendix. Somebody handed me a straight razor and told me to go and 'prep' the fellow for his operation. I had never seen a naked man before, nor had I ever used a straight razor. Wonder to me either of us survived!

"We learned our nursing techniques by being 'apprenticed' to a senior nurse. I don't remember taking any classes from Miss Baird, but we did have classes from the doctors.

"In our first year of training we were paid \$7 a month; \$10 the second year, and \$15 the third.

"Our uniforms were pale blue with a white check. The dress was ankle length with a bibbed apron over it and no cuffs. Our caps were white, much like those they wear today, and we had black shoes and stockings.

"The worst part of the training was the night duty. You were all alone with as many as 35 patients and perhaps some of those might be seriously ill. I was always nervous, but I kept telling myself, 'Do what you can. Keep calm. Never scream.' I don't remember that there were interns or orderlies to help us at night. Supper was prepared for us if we could get to it, but many's the night I've gone without because there was someone seriously ill and I daren't leave the ward.

"I remember once going into a ward where there was a pneumonia patient, blue in the face and gasping for air. It was below zero outside, but I was desperate. I threw the window wide open to give him more oxygen. His colour improved immediately.

"Speaking of fresh air, there were three tubercular children, all from one family. They had contracted the disease drinking milk from the cows on the family farm. Those children slept outside on the hospital veranda no matter how cold it was. Loved it. Didn't want to be inside. If they needed a bed pan we brought them in, bed and all, unwrapped them, panned them, wrapped them up again and took them back outside.

"One night shortly after we had moved into the new hospital

while I was on some errand I passed a maternity patient standing outside a lavatory. When I returned she was nowhere in sight. I had a hunch. Even though it was not my floor nor my responsibility I checked the lavatory. Sure enough, there sat the patient with her baby drowning in the water of the toilet bowl! The woman swore she didn't know the baby had been born. I grabbed the baby, and marched the woman, placenta still in place, and the baby still attached to the cord, back to the bed. That was the first baby born in the University of Alberta Hospital, and it lived to go home, healthy and well a week later.

“They were building the Grand Trunk Railway through Jasper and on to the coast at the time. When the crews began working in low swampy areas, some of them contracted typhoid fever from the drinking water. We got several of them as patients. One I shall never forget was a Maltese who understood very little English and spoke it scarcely at all. Because of his language problem he had had difficulty getting his naturalization papers. They were his most prized possessions and he kept them in a drawer beside his bed in the hospital. We had a pretty, but rather stupid young nurse working the day shift. While the Maltese patient was sleeping she decided to clean out his drawer and in the process threw out his precious papers.

“I was on duty that night, alone of course. About midnight I heard someone moving around. When I went to investigate I found the Maltese fellow preparing to slit his throat with a straight razor. I forced myself to appear calm. Just talked, and talked, and talked. After a long time he handed me the razor.

“The next day we discovered that he was in despair over the loss of his papers. We kept telling him that they could be replaced, but obviously he didn't understand. His brother, who lived in Toronto, had sent a railway ticket so that our patient could return to that city when he was sufficiently recovered. He never used it.

“Because the doctor was afraid he might attempt suicide the

next night, he put him in a straight jacket. Sometime during the night he indicated to the nurse on duty that he needed to go to the bathroom and she released him from the restraint. He bolted, even though he was still very ill. Where he went, or what happened to him, nobody ever found out.

“A good many Arabs and Syrians were working on the railway construction too. We often got them as patients. They were always full of tapeworms. The first thing we did when they came in was to ‘deworm’ them. They passed segments of tapeworms yards long.

“And lice! Even private ward patients, who came in dressed in fancy clothes, were sometimes lousy. Every so often we had to seal off a ward and fumigate it. If there were orderlies to do chores like that I don’t remember them.

“Ours was the only class to graduate with the small round pin of the Strathcona Hospital. The students who began their training after we did finished in other hospitals, usually Edmonton’s Royal Alexandra. I still have my pin. Very pretty. A red enamel cross and a sheaf of golden wheat on a white background with STRATHCONA HOSPITAL, EDMONTON lettered in gold around its edge.”

The Strathcona Hospital School of Nursing was disbanded in 1916 following the military take-over of the hospital, but those years of its existence, 1906 to 1916, marked a time of dynamic growth in the province of Alberta. Railways marched across its prairie distances and bridges spanned its rivers. Settlers poured in and new towns sprang up along the railway tracks almost overnight. It was the proud boast of township after township that they “had a homesteader filed on every quarter.” Real estate companies in the cities made money hand over fist and sometimes lost it just as fast.

In 1912 the C.P.R. opened the High Level Bridge linking the cities of Edmonton and Strathcona, which amalgamated and were thereafter known as Edmonton. Also in that year there was a start

on the new Strathcona Hospital on the University of Alberta campus. The building forms part of what is now the University of Alberta Hospital, but the name was not changed for some years to come.

The new hospital was opened in February 1914, and by August of that year Canada was at war. Alberta was prosperous during the war years. The world needed wheat for bread, and butter and beef for its troops, commodities which Alberta produced in abundance. Harvests were plentiful, 1915 being the year of a "bumper crop." With so many young men in the armed forces, anyone who wished to could find work and the wages were good.

By 1915 the war wounded were beginning to come home. Some of them would require care for a limited time; some of them for as long as they lived. The new Strathcona Hospital was leased to the Military Hospitals Commission in 1916 and retained by them until 1922. They built a 70-bed wing onto the hospital and staffed it with nursing sisters. It was first known as the S.C.R. Wing or the Soldiers' Wing, and later as the Wells Pavilion.

But no amount of prosperity, not bumper crops nor high wages, nor the return of its sons, was adequate insurance against what struck Alberta in 1918.

The first cases of Spanish influenza appeared in the province in October. It proved to be a scourge as dreadful as the plagues of old, and medicine was helpless before it. Three thousand Albertans died from it before it ran its course, one in every ten persons who had contracted it. It was particularly dangerous to young healthy adults. One day headache and lassitude; the next day delirium, and often death.

The province closed all churches, schools and theatres and banned public meetings in an attempt to control the virus, but still it raged. On November 11, 1918, Armistice Day in Europe, Alberta recorded 262 deaths of Spanish influenza.



The scourge had one good effect, however. It proved a useful, though bitter lesson for the province's health authorities. While the United Farmers of Alberta had for some time been advocating municipal hospitals as well as public health nurses and travelling clinics, nothing much had been done about it, even though the 1917 convention of Municipalities and Local Improvement Districts had unanimously passed a resolution endorsing such measures. Many Alberta communities set about building their first hospitals in 1919 and 1920.

The Canadian Red Cross approached a number of universities with offers of financial assistance in establishing Public Health Nursing programs and in 1921 the University of Alberta's lecture program included courses related to the training of nurses for public health services.

## ***CHAPTER 3***

### **WOMEN AND NURSING**

During 1916 and the following years, remarkable advances were made in the cause of women's rights and in the nursing profession. First, in April 1916, legislation was passed in Alberta granting women the right to vote. Women were able to exercise their franchise in the June 1917 provincial election, and in that election, for the first time anywhere in the British Empire, women were elected to a legislative body. One of them was Louise McKinney representing the Non-Partisan League for the Claresholm constituency and the other was honorary nursing sister Roberta McAdams, representing the armed services.

But the battle for women's rights was not yet won completely. At that time a woman was still not legally considered to be a person. It took a 13-year fight right through the Supreme Court of Alberta, the Supreme Court of Canada and the Privy Council of Great Britain to change a section of the British North American Act which stated, "Women are persons in matters of pains and penalties but are not persons in matters of rights and privileges."

Sixty years ago, the women of Alberta were made of stern stuff and carried their fight to the highest courts in the land.

In 1916 when Emily Murphy of Edmonton became the first woman magistrate in the British Empire, a lawyer seriously contended her right to hold the position on the grounds that she was a woman, and therefore not a person. The same argument was raised when Alice Jamieson became magistrate of the Women's Court in Calgary.

In 1921 Mr. Justice Scott of the Supreme Court of Alberta ruled that in this province women *were* persons. Later, however, a petition having a wide base of support was presented to Parliament urging that Mrs. Emily Murphy be appointed to the Senate. It was rejected. A woman might legally be a person in Alberta, but in the rest of Canada she was not.

Emily Murphy, and four other prominent Alberta women decided to fight. They were five remarkable women, persons or otherwise.

First there was Henrietta Edwards who had written a book on Alberta laws pertaining to women and who was for many years Convener of Laws to the National Council of Women. She had been Dominion Superintendent of Woman Suffrage for the Y.W.C.A. and she edited a women's periodical.

Louise McKinney, who, as mentioned previously, was elected to the Alberta Legislature, was an authority on parliamentary procedure. She was an awe-inspiring woman, a moving force in the Women's Christian Temperance Union, and a woman dedicated to bettering the world in which she lived.

The third, Irene Parlby, later served for 14 years as Minister Without Portfolio in the Alberta Legislature.

The last of the group, author Nellie McClung, had been active in the temperance movement, had worked for the Red Cross and for the cause of women's suffrage.

Emily Murphy herself, besides being an author, was active in many causes. She had been instrumental in inaugurating a movement for the establishment of municipal hospitals, a movement for

instituting medical examinations in schools, a movement for the election of women as school trustees, and a movement for the legislation of a Dower Act in Alberta.

It was not until October 1929 that the women of Canada won their fight, and the Privy Council finally declared that women were persons.

Mrs. Murphy never did become a Senator, but ten years later MacKenzie King unveiled a bronze tablet in the lobby of the Senate honoring Emily and her four companions for their work in women's rights.

Significant advances were also made in the field of nursing.

Before the First World War the four larger centres in Alberta each kept a registry of nurses. The purpose of the local associations in doing so was to have available a list of nurses for private duty. In 1915 the local organizations banded together to ask the provincial government for the registration of nurses on a province wide basis. The government was afraid the nurses were trying to unionize, and was reluctant to grant the request. The Minister of Health, A. J. MacKay, was sympathetic to the nurses, however, and the law was enacted in April 1916. The law in this case preceded the fact. The Alberta Association of Graduate Nurses, later the Alberta Association of Registered Nurses, was not officially incorporated until October 1916. It consisted of 12 founding members.

At its first convention, held in Calgary in December 1917, Victoria Winslow, first president of the association, stated the following objectives in her address to the membership:

- 1. That there be legislation to bring nursing education under the University of Alberta.*
- 2. That there be a standard examination to qualify nurses for registration.*

3. *That no hospital in the province having fewer than 50 beds be allowed to establish a school of nursing.*
4. *That there be a summer school for nurses established at the university, similar to that established for teachers, which would enable nurses to learn the latest methods of treatment.<sup>1</sup>*

The council of the Association of Graduate Nurses wished to establish a committee which would recommend a course of studies to be adopted by the training schools; study standards to be required for entrance to schools of nursing; and the requirements for hospitals conducting schools as to bed capacity and staff. The committee would be composed of representatives from the Senate at the University of Alberta, from the Alberta Medical Association, the Alberta Association of Graduate Nurses, superintendents of training schools and private duty nurses.

Had they been able to implement these recommendations it would have advanced the profession dramatically. However, no permanent committee was established and none of the recommendations were to come to pass at that time.

But there was progress. The Minister of Education set up a Board of Examiners whose duty it was to set out uniform examinations under the Registered Nurses' Act. When the Association of Graduate Nurses was offered a seat on the Senate of the University, nursing education became a matter for the attention of that body.

Victoria Winslow became the first representative of the nursing organization to the Senate. The first standardized Registered Nurses' Examinations for Alberta were held in Calgary and Edmonton in December 1919.

During those early years of nursing in Canada, a close relationship existed between Canadian and American nursing schools.

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1. From *Heritage of Service*, Tony Cashman, page 116. Published by the Alberta Association of Registered Nurses, 1966.

At a time when no Canadian university offered such a program, Columbia University Teachers' College had a one-year course designed to train nurses who wished to become instructors in nursing schools.

In September 1919, at the University of Alberta, a committee was arranged to prepare a report for the Senate suggesting a course to be given for nurses at the University. Members of the committee were Doctors D. G. Revell, J. J. Ower, and W. C. Jamieson, with President Henry Marshall Tory as consulting member.



UNIVERSITY OF ALBERTA OUTDOOR CLINIC, 1930

*Located in the old McLeod House, 9912 — 103 Ave.*



FIRST CLASS ADMITTED TO THE UNIVERSITY OF ALBERTA  
HOSPITAL SCHOOL OF NURSING, OCTOBER 1, 1923

On steps of main entrance to Hospital, 85 Avenue & 112 Street



1ST ROW, L to R, *Viola Purcell, Blanche Macdonald, Josephine Bulyea*

2ND ROW, *Hazel Manuel, Mabel Trowbridge, Maude Inkin, Eileen Ringwood*

3RD ROW, *Annie Robertson, Carthena Trowbridge, Nora Glenville, Isabel Secord, Irene Kenny*

4TH ROW, *Aileen White, Miss M.A. McCammon (Superintendent of Nurses), Dr. R.T. Washburn (Superintendent University Hospital), Miss E.M. Sharpe (Instructor), Doreen Wood.*

SUPERINTENDENTS OF NURSES, UNIVERSITY HOSPITAL



*Margaret A. McCammon*  
1923 - 1926



*Ethel S. Fenwick Cooper*  
1926 - 1935

ASSOCIATE DIRECTOR OF  
NURSING SERVICE,  
UNIVERSITY HOSPITAL



*Helen S. Peters*  
1935 - 1954



*M. Jean Lees*  
1953 - 1965

DIRECTORS OF NURSING, UNIVERSITY HOSPITAL



*Jeanie (Clark) Tronningsdal*  
1954 - 1962



*M. Geneva Purcell*  
1962 - 1975

DIRECTOR OF NURSING  
EDUCATION, UNIVERSITY  
HOSPITAL



*M. Ruth Thompson*  
1954 - 1971

DIRECTOR, SCHOOL OF  
NURSING, UNIVERSITY  
OF ALBERTA



*Agnes J. MacLeod*  
1937 - 1940

DIRECTORS, SCHOOL OF NURSING,  
UNIVERSITY OF ALBERTA



*Helen G. (McArthur) Watson*  
1940 - 1943



*Madeline (McCulla) Larson*  
(Acting Director) 1943 - 1946



*Helen E. Penhale*  
1946 - 1956



*Ruth E. McLure*  
1957 - 1976

## CHAPTER 4

### GROWING PAINS

Since 1923 two schools of nursing have been associated with the University of Alberta. First, the University of Alberta School of Nursing, which offers the program leading to a baccalaureate degree of nursing. The University of Alberta Hospital School of Nursing offers a diploma course.

The history of the two schools are inextricably bound to the history of the hospital, therefore it seems appropriate to include the following summary from the 1930 Annual Report:

*The City of Strathcona, about 1906, acquired Block 172 at a cost of \$10,000 for the purpose of erecting a hospital. When the 1907 slump came, work was discontinued. Later it was proposed that the site be abandoned and that a larger and more modern hospital be built on a site furnished by the University of Alberta, the agreement being that the hospital would be taken over by the University at such time as it established a School of Medicine. The city agreed to build a hospital at a cost of not less than \$100,000.*

A referred by-law setting out these terms was submitted to the burgesses in July 1911 and approved by a large majority. The lease

was executed by the City of Strathcona in January 1912, immediately before its demise as a separate municipality and its amalgamation with Edmonton.

The original lease provided that the city should pay the University 50 cents per day for non-pay patients and 25 cents per day for pay patients. This was compromised to 37½ cents per day for a patient who was a resident of the City of Edmonton.

The Strathcona Hospital was completed and occupied in February 1914, there being then 84 beds in use with room for 66 more.

The costs, excluding the amounts spent by the City of Strathcona on plans and excavations on the abandoned site, Block 172, were to the amount of \$351,794.42. There was a donation of \$25,000 from Lord Strathcona and nearly \$2,000 from sundry donors. The City of Edmonton raised the rest by debentures.

The Strathcona Hospital was formally turned over to the University in November 1922. It was now the University of Alberta Hospital and came under control of the Board of Governors of the University of Alberta. The Board of Governors appointed a Board of Management with the President of the University, Dr. Henry Marshall Tory, as chairman. They immediately began to organize a medical staff. Although a committee had been working since 1919 on a proposed course for nurses which was to be offered at the University, the question was left in abeyance until September 1923, at which time the first diploma class began training.

At the same time the class was taken into the hospital, the Board was recommending that the Senate be asked to constitute two programs, one of which would accept students with Grade 10, or its equivalent, for a diploma program of three years duration; the other to accept students with Junior Matriculation for a baccalaureate program of five years duration. That first diploma class might actually be termed "illegal," since the final approval by the

Senate was not recorded until February 1924.

Diploma students received instruction in nursing at the University of Alberta Hospital as well as courses in Anatomy, Bacteriology and Pharmacology at the University of Alberta.

In 1924 the Senate officially approved a diploma course of 36 months and the five-year degree program which had been proposed. Minutes of a special meeting of the council of the Faculty of Medicine, February 1924, record that Dean A. C. Rankin proposed a program in Nursing leading to a B.Sc.

The following is the text of a form letter which is in the archives at the University of Alberta Hospital Nurse's Residence. It is Form 147-10-23-250 3249 dated 1923.

*The University of Alberta Hospital, Training School for Nurses;*

*Dear Madam:*

*Your letter of inquiry concerning the school has been received. Owing to the number of applicants only those who seem best fitted for our work can be formally considered. We therefore ask you to write a personal letter stating your age, height, weight, strength, health, and include definite information as to physical defects. It is necessary for us to know if you have any history of Pulmonary Tuberculosis, or any tendency to constitutional disease.*

*We wish to know fully what have been your educational advantages, the nature of your occupation since leaving school, and of what Church you are a member. Also state your reason for studying nursing.*

*You will please state whether you are single, married, a widow, or divorced; and give the exact nature of your family ties and responsibilities, and as to your absolute freedom from the necessity of nursing members of your family, should*

*illness occur among them during the next three years.*

*A personal interview must be arranged for, at which time a physical examination will be made by one of our medical staff, who has been chosen by the Board.*

*You will also state whether you have ever been a nurse in any other hospital or institution, or if you have applied elsewhere.*

*It is to be distinctly understood that a pupil may be asked to discontinue training at any time during the three-year course for misconduct, inefficiency, or inadaptability for the work.*

*Kindly fill in enclosed papers and return same with personal letter. Please address your reply to the Superintendent of Nurses, University of Alberta Hospital, Edmonton, Alberta.*

There is also a form sheet of directions of the same date:

*Probationers must come provided with the following articles:*

*Four (4) entire dresses (skirt and waist together) of blue and white gingham similar to sample enclosed, shrunk before making, and made according to the enclosed pattern. Length 9 inches from floor — with tuck above hem for extra shrinkage.*

*Two (2) coloured petticoats of wash material.*

*Fourteen (14) plain white aprons of shrunk material (sheeting two yards wide) made to come to bottom of dress skirt. Six inch hem on the bottom 1½ inches on the sides, gathered around a band 2 inches wide, to fasten with two buttons and button holes.*

*Eight (8) collars — J.H.H. collars to be obtained.*

*One (1) pair of well fitting black boots or Oxfords with low*



*rubber heel, or prescribed by the Medical Examiner.*

*Two (2) bags for soiled clothing.*

*Napkin ring with owner's name.*

*Underclothing must be plain without ruffles or lace, and limited to a necessary supply. That intended for laundry must be plainly marked with full name of owner (with Cash's woven name tapes) on neck or waistband.*

*As the delivery of trunks is somewhat delayed, what is required for immediate use should be brought in travelling bag or suitcase. All luggage should be plainly marked with full name and address.*

*The teeth must be in good order before the applicant enters upon the probationary term.*

*When accepted, applicants must provide themselves with the following: a cheap watch with second hand — wrist watches are not allowed to be worn on duty; a fountain pen; ½ dozen notebooks.*

*Text books — Medical Dictionary (Gould's), "Practical Nursing" (Maxwell and Pope) Fourth edition; others can be obtained on arrival at hospital.*



GIRLS' WARD, UNIVERSITY HOSPITAL, 1924

## **CHAPTER 5**

### **THE FIRST BACCALAUREATE CLASS**

Annabel (Raver) Banks was one of the first four students to enter the baccalaureate program. This is her account:<sup>1</sup>

“In spring of 1924 a notice appeared on the bulletin board in the Arts Building rotunda asking for applicants for a proposed five-year course in nursing using the facilities of the University and the University of Alberta Hospital, which would lead to the degree of B.Sc. Nursing and give the necessary qualifications for R.N. registration.

“The fees were \$70 for university tuition and \$7 for Student Union Dues.

“Miss Margaret McCammon probably had a great deal to do with the planning of our course. She and her cousin A. (Little) Vango taught us the probation classes and Miss Mary Black, R.N. Winnipeg General, became our instructress in late 1924.

“Four applicants were accepted for the course: Frances Alexander, Marjorie Race who later transferred into Household Economics, Agnes MacLeod who later became Director of the University School, and who distinguished herself in war service

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1. Graduated November 9, 1928, R.N. B.Sc. Presently retired and living in Victoria.

overseas,<sup>2</sup> and myself, Annabel Raver. Because all four of us had had previous university training the course was considerably modified to fit our special cases. Our general nursing classes were taken along with the Diploma Class which had started training in September 1923.

“We went into training in July 1924. It was a struggle to accustom ourselves to 6:00 A.M. rising and to dress in the long-sleeved, long-skirted uniforms which we had made at home. Agnes MacLeod and I had been much more excited about making those unattractive dresses than we were over our B.A. graduation festivities. We donned dresses, stiff bibs pinned securely with four large safety pins, full white aprons, stiff Eton collars fastened with U.A.H. bar-pins, removeable starched cuffs, and finally our veils, all arranged in some semblance of the proper style. Then we made our beds and tidied our rooms. This kept us hurrying to appear on time for 6:30 A.M. prayers. After tea and bread and butter we arrived on duty at 7:00 A.M. where we stood well at the end of the line of nurses listening to the night report.

“We worked a 12-hour day with three hours off duty. We had half a day off every week and five hours off on Sundays and holidays. We were up at 6:00 A.M. every day of our training except after a night shift. Theoretically, we had a 30-minute break for meals, but never enjoyed it without a remonstrance from the charge nurse.

“Classes were usually held from 6:00 to 7:00 P.M., and occasionally after lunch in the Medical Building. All assigned work had to be completed before reporting off duty, which meant many students came straggling back to the residences as late as 8:00 or 9:00 P.M.

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2. Agnes MacLeod, one of the four members of the first B.Sc. class at the University of Alberta School of Nursing became the first full-time Director of the University of Alberta School of Nursing in 1937. She was in charge of the degree program. In 1940 she joined the Canadian Army Medical Corps and had a distinguished service career in the United Kingdom, France, Italy and Belgium. She was awarded the Royal Red Cross in 1942. She returned to Canada with the rank of Major and became Director of Nursing Service of the Department of Veterans' Affairs, a post she held until her death in 1960. The Student Council of the School of Nursing at the University Hospital, the MacLeod Club, was named in her honour.

“We lived in quarters converted from the top floor of the L-shaped military wing. Two or three graduates lived in each of our corridors. They checked rooms to see that we were in by 10:00 P.M. and had lights out by 10:30. We had a small lounge, a study room and a kitchenette, so the residence was home-like. However, there was no provision to entertain male guests so we had to meet our escorts and say good-night to them in the hospital’s main front office.

“Following three months’ probation we received our caps and pink uniforms, but we wore veils instead of the official caps during our training.

“The first year was strenuous. On Monday, Wednesday and Friday we had to complete our ward work by 10:00 A.M. All patient care must be finished, beds lined in perfect rows, spreads enveloped at exactly 45 degrees and blankets folded precisely over the bed rails. Only the patients were allowed to vary from this perfect symmetry. Our work approved, we returned to quarters to change to street dress. Uniforms were not to be worn off the hospital grounds. We ran the four blocks to the Medical Building for a 10:30 A.M. class in Physiology from Dr. A. W. Downs. At 11:30 A.M. we attended an Anatomy and Histology lecture from Dr. R. F. Shaner along with second-year Medical and Dental students. Then we reversed the process and arrived for dinner in uniform, ready for duty at 1:00 P.M. In our hours off on Tuesday we had an Anatomy lab, and Thursday afternoon, a Chemistry class and a lab. We studied every spare minute. Since we had the regular nursing courses as well as our university courses we were fortunate to pass all our subjects.

“Our early training days were exciting. We were girls from sheltered homes and this sudden introduction to *people* was a tremendous experience. In those long wards housing 20 to 24 patients in beds only a few feet apart, we met a cross-section of humanity. The majority were World War One veterans. The con-

versation among them was an education in itself.

“In the hours between 7:00 and 10:00 A.M., we served breakfasts, gave baths, made beds and rubbed backs. It was rewarding to attend to the patients’ daily needs and comfort. Sometimes we attended the same patient for as long as a month at a time.

“I believe a nurse can build up a special understanding of a patient over days of continuous care. If she studies the charts, observes variations in colour and responsiveness, general ups and downs, she can be alert to changes in patients’ conditions before a doctor’s visit. I also feel that when patients are seriously ill, that still undocumented E.S.P. power can be transmitted by a healthy, deeply-concerned nurse to rally a flagging spirit.

“In the 17 months following our first year, we completed Junior, Intermediate and part of our Senior training. When the university classes were over we took special training in Communicable Diseases and Obstetrics at the Royal Alex.

“Every summer we had two weeks’ holidays.

“Night duty taught us self reliance. We were alone on the floor. One of our duties was to check the tubercular patients sleeping in the tents pitched on the roof of the hospital. They were generally terminal cases, stoic and undemanding. We felt obliged to do rounds as cheerfully as possible, but how welcome the ward lights looked when we returned!

“As a new arrival in the Operating Room, I was once asked to support a foot during surgery. I was astounded to find I was suddenly holding a leg detached from the body. I gazed in horror at the thing in my hands while the operation calmly proceeded.

“‘Take it into the Service Room!’ the scrub-nurse whispered furiously.

“In the Service Room I faced a new dilemma. What did one do with such an ungainly piece of human anatomy? Memory fails me. I don’t know *what* I did with that leg!

“While still a student, I was once acting as Dressing Nurse

for Col. F. H. Mewburn, who had a caustic wit and was capable of violent and voluble reactions to sloppy work. I pushed the dressing cart down to the terrazo-floored sunroom that was being used as a ward. Fanning back the sheet, I laid back the many-tailed binder and reached for the kidney basin. The basin hit the floor with a crash, landed under the bed where I couldn't reach it, and skipped like a pebble across a lake.

"When I dared look at the 'ogre' I saw an elderly gentleman repressing a smile. His intolerance was only for inefficiency, not for simply human error. I never was afraid of him again.

"In 1926 when we entered our final year of university training, it became obvious that only Public Health could be provided as a specialization. Two of us had expressed a preference for Administration which was taught only to the limited extent then possible.

"Our days were busy. There was an almost total absence of 'spares' in our timetables. Agnes MacLeod and I once came upon our instructress in tears. She was trying to finalize the timetable and there was one hour left in the week for which she could find no suitable lecture!

"We studied in the Ladies' Common Room in the Medical Building, where we were close to the Library. This lovely name applied to a basement room sandwiched between a locker and a lavatory. It was equipped with a long study table, some chairs, a Winnipeg couch and a hot plate. The women Medical students, who numbered five or six at that time, also used the room. We had many interesting discussions with them. We were determined to show up well scholastically with them, and we did. That room would have rated a D minus for comfort, but perhaps pleasing study surroundings aren't as important as they are thought to be today.

"Following the hospital training we completed our Senior Year with special training in Administration and areas related to

### Public Health.

“In April 1927, three of us, Frances Alexander, Agnes MacLeod, and myself, passed our university exams and expected to receive our degrees at the May convocation.

“On the day before convocation I was disappointed to learn that my degree was to be withheld until I had completed my ‘sick time’ which was ‘over six months.’

“Agnes MacLeod completed her training in September 1927, followed by Frances Alexander. It was discovered that Frances had contracted tuberculosis. She was forgiven the remainder of her time and allowed to return to her home in Tokyo, Japan, where her parents were stationed as missionaries.

“Having been told my degree would be withheld until the end of February 1928, I was surprised to be called into the matron’s office and told there had been a miscalculation. I had already graduated!

“I returned to the ward to report to the charge nurse, Mrs. Elizabeth Porritt, who knew most of our problems. With compassion and understanding, she provided an instant special ceremony. With tears in her eyes, she placed my graduate’s pin on my bib and gave me a kiss of farewell.

“No one could ask for a happier graduation ceremony.”



## CHAPTER 6

### EARLY DIPLOMA GRADUATES

Rain and lilacs, and the three ladies looked down from Bea Clough's tenth-storey apartment onto the tops of huge trees which were saplings when they were student nurses in the first three Diploma classes in the University of Alberta Hospital School of Nursing: Josephine (Bulyea) Ward, Aileen Revell, and Beatrice (Fane) Clough.

"There were 16 of us in that first class," Joe says.<sup>1</sup> "Twelve of us finished. We got to know each other very well. Some of my best friends I met there. We worked hard, but when I look back we had some awfully good times. Only six of us are left now." She shakes her silver head and laughs ruefully. "It doesn't seem like 50 years ago. And do you know how I got into it?

"Dr. A. C. Rankin met my dad. 'They're starting a school of nursing over at the University of Alberta,' he said, 'If that oldest daughter of yours is interested, she'd better get over there right away.'

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1. After graduation Jo worked as Admitting Officer at the University Hospital until she married a doctor and they moved to Red Cliff close to Medicine Hat. Her husband became the community doctor there. She remembers the depression years when nurses at the Medicine Hat General Hospital worked for \$20 a month and did house cleaning as a sideline to make enough money to live. Jo and her husband lived in the same building where he had his office.

"Naturally I got dragged into everything," she says. "Particularly maternity cases. We never had a meal on time, and most of the time we were working for nothing. People had no jobs and no money. How could they pay?"

“So I made an appointment with Miss Acton, the matron of the military hospital. Our class started the first day of October 1923. Actually we were ‘illegal.’ The nursing school didn’t officially open until the next year.

“The hospital was still filled with nursing sisters from the war, all in their white veils. They didn’t seem to know what to do with us. They sent us home the first day with instructions to appear in uniform the next morning.

“The hospital had given us patterns for our uniforms and we had them made up by a dressmaker.”

“It was September 1925 when I began training,” Bea says.<sup>2</sup> “There were 20 in our class. Margaret McCammon was Matron, Miss A. Little the night Supervisor, Miss Gladys Smiley in charge of the children’s ward and Mrs. Elizabeth Porritt in charge of Medical. Miss Harris was in charge of Surgical and Miss Sharpe was our instructress.”

“We loved her,” Jo puts in. “She was a beautiful white-haired lady.

“I started training July 1st, 1926,” Aileen remembers,<sup>3</sup> “and there were 26 in our year.”

Lovingly they sort through the Faculty; a Miss Kilgour (Eadie) who administered the first insulin used in Alberta to Dr. John Ower, Jo thinks.

She chuckles. “Miss Bakewell taught Chemistry and ‘physical upsetting exercises.’ Running and walking in circles. As if we didn’t walk enough! Miss Mabel Patrick taught Home Economics and my father, Dr. Bulyea, taught Dentistry and Aileen’s father

2. Bea says, “After graduation I was Assistant Night Supervisor, then after post-graduate training in Obstetrics at the Chicago Lying-In Hospital which is considered to be one of the best of its kind, I returned to the University Hospital as the Assistant Obstetrical Supervisor when that department was in the old Junior Red Cross Unit. I later became full supervisor, a position I held for 19 years.”

3. “After graduation I worked in the Outdoor Clinic,” says Aileen. “It was an old house downtown close to the C.N.R. station known as the McLeod House. We saw some pitiful cases. Poor derelicts, hungry, no jobs and no place to go.

“Later I worked in the Student Health Services at the University, and in the summer when that closed down, I specialised for Dr. Wells. Then I took a year’s post-graduate training in Toronto and returned to the University Hospital as Charge Nurse of Surgical, second floor.”

taught Anatomy along with Dr. Evan Greene.

“Until we got the hang of it we had to be up at five o’clock in the morning to get into those complicated uniforms. Mind you, they looked lovely; starched so stiff they crackled. You could hear us coming long before you saw us. Nine inches from the floor, apron and all, and woe betide us if we let that apron touch the floor. But those collar buttons! I found out why Dad swore at them! We soon learned to use safety pins instead.”

“For the first six months of our training we were on probation,” Aileen says. “We weren’t paid during that time. We couldn’t wait to get our veils which meant we had been accepted. The veils were white muslin and they had to be folded just so. After that we were ‘wage-earners.’ Ten dollars a month!”

“Our day began with prayers and roll call. We’d snatch a piece of toast and some coffee from a table which had been set up for us outside the dining room, then into the Red Cross Hut for prayers.”

“There was a hymn, prayers and a scripture reading,” Jo says, “and all the time that was going on we’d be fastening buttons and fixing veils for each other on the sly. Then, while we filed out to go on duty, the Superintendent stood by the door and inspected us.

“Duty was seven to seven with three hours off for the day staff and two for the night staff. The day staff took classes during their hours off, but the night staff was expected to sleep in off-duty hours. We could sleep in whatever bed was available in the hospital, and the bed was never allowed to grow cold. As the staff rotated during the night, one student moved out as the other moved in. One night I slept in a bed previously occupied by a girl who came down the next day with scarlet fever!

“Yes, I got it too.”

Bea says, “The three hours off during the day could be from 10:00 A.M. to 1:00 P.M., or from 1:00 P.M. to 4:00 P.M. On rare occasions

it was from 4:00 P.M. to 7:00 P.M. During the month there were two late leaves until 12:00 midnight. If you came in late your next leave was cancelled. Dreadful punishment.”

“We were always being punished for something or other,” Jo says. “One of their favourites was to send us to the gauze room to make dressings. There you had to sit at a huge table and fold the crazy things, and if you didn’t do it right they’d make you take them apart and do it all over again. But the worst was the ether blankets. These were used to wrap patients coming from and going to surgery. Old blankets, and we had to sew cotton sheets to them . . . Once used, they were ripped apart and sent to the laundry, and the next day we had to sew them together again.”

“We did get half a day off a week, and five hours off on Sunday,” Aileen says. “Sunday you usually worked from 7:00 A.M. to 9:00 A.M., then off until 2:00 P.M. and work until 7:00 P.M. The big day was when you got off at 2:00 P.M. Yes, Sundays — clean-up day. Washing walls, and lockers.

“All the notes we took in classes had to be printed, which took the whole evening. And then, sometimes we had evening classes after duty from 7:00 P.M. to 9:00 P.M. We were expected to be in our rooms by 10:00 P.M. and have our lights out by 10:30.”

Bea laughs. “They owned us. Body and soul. True, they gave us the training, but we paid for it in work. Even during final exams we had to work, and if we broke any hospital equipment we paid for it. If a *patient* broke a thermometer *we* paid.

“The hospital was run like a military establishment. Of course, Mrs. Porritt was a military nurse. She had served overseas and she was an uncompromising disciplinarian, but from under this stern exterior a warm human being would surface at the most unexpected times. That hospital and the training school was her whole life.

“We were addressed by our last names only, although students in later years were addressed as ‘Miss So-and-so.’ We had to

stop and stand in the 'at ease' position with our eyes lowered and our hands behind our back in the presence of any superior. Even an intern."

"Quite a feat when you were carrying something, and you were always carrying something," Jo puts in dryly.

"Miss Black was wonderful at instilling ideals and a professional attitude," Aileen says, "Right down to the dress. 'Never appear in anything less than your complete uniform,' she used to say, 'All buttons correct, and pins in place.' " She smiles. "Miss Black kept in touch with every person she ever taught. Professionalism was a lifetime thing with her. She made an effort to keep abreast of issues in nursing, attending A.A.R.N. conferences as long as her health permitted."

"We had to 'do' five patients between 7:00 and 8:30 A.M.," Jo recalls. "Mrs. Porritt stood by with a watch in her hands, timing us and scaring us half to death. Then we could go for breakfast.

"The food was excellent at the university. Mrs. Daigner made it her business to know what you liked and to see that you got a little extra. Hot, well-cooked, individually served meals."

"White tablecloths," Bea adds, "and waitresses in black uniforms and white aprons. Nice girls."

Aileen smiles. "Each of us had her own napkin and a little pigeon hole for it in the wall."

"That food made up for a lot of hard work and just plain unreasonableness. I remember being wakened just as I got to sleep and called back to the hospital for such petty things as leaving a flashlight on the wrong side of the desk, or failing to dust the powder can off after doing a back rub. And the poor night nurses. Mrs. Porritt always acted as though she hated them."

"All the joy of being senior student on night duty was ruined for me," Aileen says. "If I was on nights I knew I'd be in trouble with Mrs. Porritt. Everybody was. There was no way of avoiding it."

“At that time there was no proper nurses’ residence at the university,” Bea recalls. “Sometimes some of us were put in Pembina Hall. When we were on night duty we were moved to A and B Soldiers’ Wings of the hospital, and then there was the Whyte Block, what is now St. Joseph’s Hospital on 82 Avenue. They moved us wherever they needed us. St. Stephen’s College was also used in later years.”

“Some of my classmates were moved 23 times during their training,” Aileen says. “I myself had 18 moves. I even lived in the Whyte Block during the time they were reconstructing it. Just awful! I was on night duty, and to try to sleep with that banging going on all day . . .? I was exhausted, and terrified of making a mistake while I was on duty. Thought they’d *never* get the heating system installed. One day I actually woke up to find a workman up on a ladder pounding away at a heating duct in the corner of my room!

“For a long time the nurses had to walk from the Whyte Block over to the hospital for duty. That’s a long way when it’s cold. There were hardly any houses in the district in those days and the wind would tear you apart. Miss Malone, Mrs. J. Ross Vant she is now, always had the coffee pot on. I’m sure she wasn’t supposed to, but that cup of hot coffee would taste awfully good when you came in out of the cold.

“Finally there was a strike of sorts over that hike from the Whyte Block. One shift didn’t show up for work. Imagine, in those days! The upshot of it was that a taxi was sent to pick us up, morning and evening. At 6:30 sharp. If you weren’t there when the cab came they drove off and left you. Didn’t matter if it *was* 40 below. It was 12 nurses to a cab, all done up in white.”

“The worst part of the training was the Communicable Diseases over at the Isolation Hospital at the Royal Alexandra,” Bea says. “There was a Miss Welsh in charge; a military character. I remember her heels clicking. The usual diseases that we dealt with

were diphtheria, measles, scarlet fever and chicken-pox. We were terrified of cross infection, especially with chicken-pox, which is highly contagious. The routine was so demanding that we were always rushed and our skins were always raw from scrubbing in lysol. Some of us developed allergic reactions to bichloride of mercury, too."

"We took our Maternity Training at the 'Royal Alex,' also," Jo remembers. "It was necessary for us to see ten cases before we were allowed to return to the University Hospital. It took something like three or four weeks. Once Dr. Brander made me suture a patient. I was scared stiff, but he said there might come a time when I had to do it on my own." She laughs. "I must have done all right because the patient went home."

"Nursing was a good deal different in our time," Bea says. "None of the miracle drugs. Some of our patients were with us a long time, and it was the nursing that pulled them through. It was reiterated to us by our instructors in a hundred different ways, 'It is your good nursing that will pull your patient through.'"

"We used hot packs and cold packs, and hot fomentations and cold baths for patients who had temperatures of more than 103°F. And an awful lot of caring."

"We had none of the machines they use today. Kidney machines, for instance. In our time, we wrung out steaming blankets and wrapped the patients up like mummies to make them perspire and get rid of some of the waste products through the skin."

"I remember having to do that for a great big man who was dreadfully sick," Jo says, "and I was a little girl. When Mrs. Porritt saw I couldn't manage she helped me. That was the first time I realized what a fine nurse she was. She was a terror but she could be all right if she knew you were trying."

"Another thing that hadn't been developed back in our day was the intravenous. We used to use those dreadful rectal drips."

Lots of patients couldn't retain them."

"We saw some terrible skin diseases," Aileen says, "and they never seemed to heal. Dr. Harold Orr, the dermatologist . . . he'd try tar, and cod-liver oil . . . sulphur . . . . And there was a drug which had to be calculated exactly against the weight of the patient. Give him too much, and his hair would fall out."

"Dr. Orr's handwriting was dreadful," Jo says, "and he wrote long, complicated orders. One day I misread and put tar on a patient's right arm instead of his left as ordered. I realized what I had done and I was terrified. When I went to Mrs. Porritt and explained, to my amazement she said she supposed it didn't matter as long as I noted which arm had been treated with which substance. I was so relieved I started to cry." She pauses, a puzzled frown coming and going on her brow. "Porritt picked me up and kissed me. Just picked me up and kissed me and set me down again!"

They laugh, tears spilling onto their cheeks.

"Remember the old chap who used to sleep with one eye open and one eye closed?" Bea asks. "We never knew which eye to believe." More laughter. "Good thing we had a few things to laugh about because we certainly didn't have much social life. Well, there was neither the time nor the opportunity and we weren't supposed to be frivolous. Even our graduating party was frowned upon."

"I remember the matron's afternoon teas," Jo says, grinning. "We'd see the guests in her quarters with their tea and cakes. I knew them all. They were neighbours of our folks from Garneau. I was always afraid one of them might address me as 'Josephine' instead of 'Bulyea.' When I think of it, I don't know how the matron could have blamed me if they had, but I was afraid she might."

"The great social events of our lives were the dances in the Red Cross Hut. We used to decorate it ourselves with paper



streamers and make it as pretty as possible. They were very gay occasions. All the doctors and their wives would come too.

“And the Christmas carols! There was a piano in the Red Cross Hut. We practiced carols for weeks, and on Christmas morning at six o’clock we went through the corridors of the hospital and up and down the stairs, singing. Dr. Vango went ahead of us and played his violin.”

“Years later somebody used to play a little organ for the carol singing, too,” Bea puts in.

“I complained bitterly about having to practice those carols,” Jo remembers. “Then one Christmas I was sick and in hospital. I’ll never forget the carols. They sounded glorious. I never complained about having to do it again. Once when I was a graduate I was tending to a woman while the students were singing. She cried when she heard them. I knew how she felt.”

“The Red Cross Hut where we practiced? Well, it was built by the Red Cross as a recreation hall for the veterans of the First World War who were long-term patients at the hospital. It was a well-used building before they tore it down. When the veterans were through with it, it became a nurses’ recreation hall, then it was used as the children’s hut and at last it became a cafeteria.”

“Remember, the Red Cross Hut should not be confused with the Red Cross Unit,” Bea points out. “The Red Cross Unit was changed into a cottage hospital when Dr. Conn became head of Gynaecology and Obstetrics. He insisted that the Maternity Section be housed separately from the rest of the hospital.”

“There were TB tents outside A and B wings, not to mention those on the roof,” Jo says. “Remember putting on a sweater and taking a flashlight and chasing out there in the dark to check on those patients? Poor things, we used to bring them in and bathe them; then take them out again after we’d fixed them up.”

“The beds exactly fitted the balconies on the old Strathcona Hospital,” Aileen says. “What a chore it was to make them. You

couldn't walk around, nor could you crawl underneath, and it was forbidden to climb over the top!"

"Nobody seemed to worry too much about our health," Joe says wryly. "Once I got wet in the operating room. Nobody suggested that I go and change and I was afraid to ask. Got pneumonia! Pneumonia, appendicitis, and scarlet fever all in one year; not to mention the nose bleeds!"

"I was tormented with nose bleeds and sore throats all through training, too," Aileen says, "but it never did any good to complain."

"We were there to serve, not to be served." Bea is ironical. "Remember washing the dressings so that they could be sterilized and used again?"

"And the linen . . . ? Oh, dear, the linen! In the afternoon all the sheets came up from the laundry. We had to fold them over a board so that each was identical in size to the next. Even the pillow cases had to be refolded. Then we stored them in precise, identical rows in the linen closet. Identical, mind you. If they weren't . . . One day Miss Sharpe tore the whole cupboard out and made somebody do it all over again from scratch. Then, at seven o'clock the next morning . . . Rip! Out came the sheets for making beds."

"A lot of stupid, time-wasting things we were made to do," Jo says. Remember those heavy, twilly sheets the university had? Not quite big enough to fit the beds and the laundry shrank them. They were expert at shrinking things, including our uniforms. We had to pin those sheets to the mattress with straight pins. Oh, our poor, sore fingers . . . !"

"And sitting for hours and hours with patients just back from surgery checking their pulse and breathing," Bea reflects. "We breathed second-hand ether fumes until we were half-anesthetized ourselves."

"Once I remember being left to look after a dying man on Mrs. Porritt's floor," Jo says. "I had never seen anybody die. She

left me there all day. That night when I got off duty somebody teased me about having had nothing to do all day. I began to laugh and I couldn't stop. I kept it up until they had to call a doctor to give me a sedative."

"Characters we remember?" They look at each other and laugh.

"Well, there was Colonel Mewburn. His stamp is upon more than the pavilion named in his honour."

"When we were students we made for whatever door was handy when we saw him coming," Jo says. "The Colonel once said to Miss Harris, 'Those girls are like a bunch of blankety-blank rats! One second you see 'em in the hall, and the next they're gone.' The Colonel had a salty tongue!"

"Tyrant? Colonel Mewburn? No indeed! We adored him."

Bea says, "He was rather a profane man. He really was, well, *colourful*. When we did dressings, if he chose to call for 'Oh, be joyful!' instead of alcohol, it behooved us to understand what he meant. All his instruments used to be laid out on a sterile towel. He would pick up a swab with a pair of forceps and wait until the nurse assisting poured alcohol over it."

"We used to pour a drop or two out of the bottle to sterilize the lip," Aileen puts in. "Wonder why they stopped that? Maybe they thought we were wasting alcohol."

"Yes, now the Colonel. He had been a N.W.M.P. surgeon. Loved horses. He was in Lethbridge and Calgary before he came here. There are yarns about him riding his horse into the bar down there and getting away with it because he was The Colonel."

Bea says, "We'd hear him coming in the hospital for morning rounds, always with a retinue of students trailing behind him, and singing in a high falsetto. His favourite was that old song, 'Every little movement has a meaning all its own.'"

"He wore a rose in his buttonhole and the stem went through the buttonhole of his coat and into a sterling silver vial pinned to

the back of his lapel. And always a fresh lab coat, shining white and crisp.

“Mrs. J. Ross Vant was once Chief Dietitian of the hospital,” Bea continues. “She says that her office was right by the one elevator the hospital had in those days. The elevator was used by everyone and for everything, including hauling garbage cans up and down. Every morning the Colonel cursed and fought with the custodial staff because he and his retinue had to ride the elevator with the garbage cans, but that’s one battle the Colonel never won.”

“The Colonel was so good to his patients,” Jo says, “and to us, too, if we were sick. It didn’t matter if it was the mayor, or some poor old derelict picked up by the Out Door Clinic, Colonel Mewburn treated them all the same.

“He had a chauffeur named Laurence, who was always dressed in a gray uniform with a peaked cap and polished leggings. He’d been the Colonel’s batman overseas. Indispensable to the old Colonel, right to the end.

“The Colonel used to say he wanted to live to see the day when all the beds were free. I wish he had. I remember a woman dying after a thyroidectomy. In a public ward, poor thing, and disturbingly noisy. The nurses kept hushing her because she upset the other patients. The Colonel ordered her into a private room and paid for it himself. ‘No patient of mine will be harrassed like that,’ he said. And there was many a time he paid for special nurses, too, out of his own pocket.”

“Four dollars a day for the best private room in the hospital,” Aileen says, “and a nurse was paid \$5 for a 12-hour shift of specializing.

“There *were* other doctors besides the Colonel,” she says. “Dear old Dr. R. B. Wells. Capes on all his coats, He could have stepped straight out of Dickens. He required that his instruments be cleaned with a mixture of ether and green soap.”

“And don’t forget Dr. E. L. Pope,” Jo says, “Very dapper and tall. Sometimes he wore white flannels. Once I heard the Colonel say, ‘Where do you think you’re going, Pope? You’ve got your ice-cream pants on.’ High, frail voice, the Colonel had . . .”

Bea says, “Remember Dr. H. Hepburn, the Neurosurgeon? Beautiful man. We were all in love with him. And then there was Dr. E. Greene; he was a great favourite.”

“There is one patient I’ll always remember,” Jo says. “A woman dying of cancer. She had been a singer. Beautiful voice. It was just at dawn when she began singing ‘The Lord’s Prayer.’ You could hear her all over the hospital. I had the children to look after; her, too, of course. I was with the children when she began to sing.

A little boy looked up at me. ‘What is that?’

I said, ‘Only somebody singing.’ It satisfied him. The next morning when I came on duty the woman was gone.”

Sun breaks through the clouds picking up the colours in the delicate china and lies in a warm pool over Bea’s 16 African Violets, no two the same. Just across the street and down a block or two, other student nurses intent upon mastering their profession hurry through the corridors of the University of Alberta Hospital.



DOCTOR AND NURSE 'ADMINISTERING GAS', 1926

## ***CHAPTER 7***

### **BOOM BEFORE THE BUST**

Alberta, along with the rest of the western world, experienced a period of euphoria and rapid growth during the 1920's. The province reflected its agrarian base by electing a government known as the United Farmers of Alberta, whose avowed purpose was to help the farmer gain prosperity and strength.

Conditions were changing rapidly. Farms were being mechanized. More and more people owned cars. People who had been isolated from the world suddenly found themselves "in the know" through the miracle of radio. Edmonton's C.J.C.A. began broadcasting in 1922.

If the rest of Alberta roared, even a little during the '20's, any roaring tendencies exhibited by her student nurses were sternly repressed.

Alice (Thompson) Cross, an orthopaedic nurse who joined the staff of the University of Alberta Hospital in 1929 recalls a battle between a student and charge nurse which would have been unthinkable today.

The charge nurse ordered the student to have her hair cut. It was longer than the regulations allowed. The student hadn't done

so. When the charge nurse caught her one day, in the diet kitchen in the middle of all the food which had come up for the patients' supper, she got her haircut then and there!

But such indignities were not uncommon. Early training schools were heavily influenced by the army and the church. Students were expected to submit unquestioningly to a severe regime of work and study, putting their own desires and comfort second to the demands of their superiors and to the tasks required of them. Students provided the hospitals' main source of nursing labor and were paid \$10 per month.

Time was ripe for change, but it was not until falling enrollments of students entering training forced the hospitals to hire graduates for full wages that they took a serious look at ways of giving nursing students a better deal.

Still, the two schools of nursing at the University of Alberta carried on, and there are graduates of those years who will defend the harshness of the system and stoutly declare "that a little discipline never hurt anybody."

Janet (Gould) Fawcett of the class of 1928 is one of these. During her training Janet was sent home for 14 months to recover from chorea. When she returned to finish her training she found the duty difficult, for her hands were unsteady, particularly in the morning.

"I was grateful the hospital didn't dock me for the thermometers I broke. If they had I'd have been a long time paying for them. But I got better, and I got my diploma.

"In 1954 my daughter and I shared the distinction of being the first mother-daughter graduates of the University of Alberta Hospital."

Janet had many stories about the social life of her training days and the battles of wits between the students struggling to get the maximum value out of their late leaves, and a little beyond, and their superiors forcing them to toe the line.



“It was getting close to graduation time and our late leaves were precious because there were festivities we wanted to attend. One night some of us reached the door of the residence on the stroke of eleven. Tilly Dowe, who was in charge, locked the door in our faces. That meant we were late and our next leave was cancelled. We were outraged. When Tilly let us in we went to our rooms, and to defy her we left our lights on instead of turning them off as we were supposed to. Tilly took it upon herself to come into the room and turn the light off. One of my friends was so angry she picked up a shoe and heaved it at Tilly. Told her to get out and stay out!

“We were scared about what was going to happen to us, let me tell you. Very scared. But I suppose Tilly thought she’d gone too far. We never heard any more about it.

“We were always looking for some way of getting out of the residence after hours. While construction was going on on C and D Wings, there were people who worked out a dandy scheme. They’d come up the fire escape into the men’s ward. Then they’d tip-toe through the ward and around into their own quarters.”

We have another anecdote on the same subject from a later graduate who wishes to remain anonymous.

“During my third year of training, while I was still in residence at St. Stephen’s College, I met the man of my dreams. Providing we had attended morning prayer and roll call faithfully in the preceding month, we had four 10:30 passes and four 12:00 passes in the month following. Such a little time with my boyfriend seemed grossly inadequate. I found an escape route. It was never discovered by those in authority, although all my classmates knew.

“I’d sign in at the ten o’clock curfew and then go to my room and ‘stuff’ my bed. Then I was on my way through the far west wing of the third floor, through a forbidden, curtained doorway, down a flight of stairs, through the kitchen of the theological

college, through another door and down more stairs, around the furnace and bike storage room to emerge at the subterranean exit of the north wing where my boyfriend was waiting. The two of us became very friendly with the night furnace man. I wasn't the only one who used the route. Escape was one thing; return another. How my heart pounded on those creaky old stairs!

"The cylindrical fire escapes at 'St. Steve's' also provided a short cut to the outdoors. One member of our class had never used this route until after midnight once when she wanted to catch the late train home to visit her parents in Ponoka for the week-end. Nobody had warned her that the fire escape route had to be a bare-foot experience because bare feet acted as brakes. She took off like a bullet, crashed into the exit of the third floor and crawled out onto the fire escape, somewhat shaken. She pounded on the door until a surprised theolog let her in, when she surprised him even more by announcing with dignity before marching stocking-footed along the corridor, 'I am going to Ponoka.' "

But if the students had a little fun occasionally and "pulled a fast one" on their superiors, their hours were still seven till seven and seven to seven, and there were still sick people to be tended to. Alice (Thompson) Cross tells of nursing polio patients following a severe epidemic in 1928. The numbers of patients put such a strain on the hospital's facilities that a new wing was added to the building to house them. It was given the name of the Provincial Special Unit.

The disease left some patients unable to flex their ankles. This made walking exceedingly difficult for them until an operating procedure was completed which fused ankle bones in such a way that the foot remained at right angles to the leg.

Children met the problems visited on them by the disease with great courage. Alice tells of the son of a United Church minister, who was stricken at 18. He completed Grade 12 "flat on his back" in hospital and later recovered sufficiently to go to university

where he studied Medicine. He had a dream of becoming a surgeon but the crippling effects of the disease forced him to abandon it. He did, however, become a successful physician.

The Junior League did a great deal to help the polio patients. They provided attractive clothes so that when the patients shed their casts they had something individual and attractive to wear, a necessary boost to a badly-bruised self-image. They also built a swimming pool and organized a "school" for patients of school age as well as hiring a teacher and paying her salary.

"In those days if you were nursing children you saw plenty of tonsillectomies," Alice says. "Tonsils came out wholesale. Every day there'd be five or six youngsters in for the operation. One morning a child hemorrhaged all over my uniform. It so happened that was the morning the Governor General was visiting the veterans' section. Then he decided to pay an unscheduled visit to the children's ward. I had two minutes' notice. As charge nurse I had to greet him and there I was, all splashed with blood! I dragooned a student into giving me her bib to cover the blood stains, shoved her into a bathroom and told her to stay out of sight." Alice has a wonderful laugh. "I wonder if she tells her grandchildren how she came to miss seeing the Governor General?"

Alice remembers her working days as happy times. "True, the duty hours were long, and often the three hours off we were supposed to get were shortened to an hour and a half or less because some job needed doing; but we had good times, too. We used to skate at the Garneau rink and watch the 'Varsity football games' in the fall. There'd be picnics in the summer and visits to the Rite Spot for coffee and banana cream pie after work. They made the best banana cream pie in town.

"When I got married I had to quit my job. I missed it. It was a waste of training and experience, but it was the custom in those days. Married nurses were not hired."

Alice has some charming tales about the non-medical person-

nel at the University of Alberta Hospital.

She speaks of an orderly named Macmillan. “Whenever we asked him to do anything he grumbled. Long, loud and bitterly. Then when he started on the job there was no stopping him. He always did twice as much as we had asked him to do in the first place.

“Tommy Matheson was in charge of stores. You’d swear he was paying for those supplies out of his own pocket. Whenever any of the nurses came to him for something he demanded in aggrieved tones, ‘Do you think this hospital’s *made* of money?’

“Percy Stone and Bill Thompson were two orderlies I remember. Both were veterans of the First World War. They limped but it didn’t interfere with their work.”

“And I mustn’t forget Tommy Robson who worked in the plaster room. He was a fat fellow with a wonderful disposition. Every Christmas he played Santa Claus for the kids. A day or two before Christmas he’d come into the wards and get to learn all the kids’ names and a little about them. Then when he came in as Santa on Christmas morning . . . why, it was simply magic.

“And there was Fanny Hooson. Anybody who worked nights in the hospital remembers Fanny. She walked over to the hospital from the Highlands in the afternoon, worked all night and walked back again in the morning. Winter and summer, rain or shine. Always packed a worn, brown paper shopping bag. She worked that shift for years and years.”

Dr. J. Ross Vant<sup>1</sup> also remembers Fanny and the wonderful meals she fixed for him in the middle of the night. Jessie Nairn, who used to look after Medical Records, remembered that Fanny would pluck and roast the ducks the interns shot in the hunting season and they’d have a feast in the wee small hours. If the elevator went on the blink Fanny fixed it. She recalls that, as somebody once remarked, “Fanny wasn’t much on fancy clothes,

1. Professor and Director, Department of Obstetrics and Gynaecology, 1942 - 1962.

but she was sure hell on work and grub.”

Many former students remember the kitchen maids as being “some of the great characters of all time.”

Clare Carlyle speaks of Lizzie Bell as being “a large woman with a gruff exterior and a heart of gold.”

Another person frequently mentioned is Mrs. Angus who struck terror in the hearts of students for such things as taking a bit of chipped ice from the patients’ ice supply to suck during the hot summer afternoons.

“The maids were very dominant characters,” Louise McCallum says. “We were as scared of them as we were of the charge nurses. If you did something to displease the maids they would scold you, then turn around and report you to the charge nurse and *she’d* scold you again.”

Whatever one might think of the training of those days it seems to have developed some very self-reliant nurses. One such is M. Crickmae, class of 1929 who spent a good part of her working life in the Red Cross outpost hospitals in the Queen Charlotte Islands. Independently, she developed a theory, proved the value of it to her own satisfaction and made use of it years before other experiments were conducted in the same field and their results began to appear in Nursing Literature.

“During the years before my retirement I became interested in dogs,” she says, “not just as show dogs, but for their value in helping sick people. I found that a dog could get closer to some patients than I could.

“One night I was caring for two seriously ill patients; one a disturbed mental patient, and the other a man who required continuous oxygen. No plane could get in to take them out until morning. Neither was safe to leave alone but I had to stay with the patient who was getting the oxygen. I didn’t know what to do about the disturbed patient. Then I had an inspiration. I took my smooth-haired fox terrier into the patient’s room and told him he

could keep the dog as long as he didn't tell the Red Cross.

"When I was able to look into the room some time later, man and dog were cuddled together asleep on the bed. I've known that same dog to bite even friendly neighbors, yet somehow he knew the sick man needed him.

"I made use of that dog in another way, too. One of my patients was an elderly man who required dressings, but he would not send for me because he had no money to pay for them. No treatment was free from the Red Cross. They demanded accurate accounting.

"The old gentleman lived half a mile down the beach, a perfect distance for an evening stroll with my dog. Before I left, some dressing material always seemed to find its way into my pocket.

"The man enjoyed doing oil paintings. I still treasure one that he gave me when I left the islands. It is a picture of my dog that he had painted on a piece of driftwood he had picked up on the beach."

The University of Alberta provided a service in 1923 which carries on to the present day: an Outdoor Clinic. Its original purpose was to provide patients for the University of Alberta School of Medicine. Its patients were indigents who got free treatment, medications and dressings. From its original location in the old McLeod house across from the C.N.R. station it has, through the years, progressed to larger and better quarters in the Provincial Building, the Alberta Jasper Avenue Building and at last to the Health Sciences Building on the University campus. It now serves a broad cross section of the population with sophisticated clinics in every specialty of Medicine. From its inception student nurses were posted there for part of their training and the practice continues to the present day. It is part of their education to deal with patients outside of the hospital setting.

An important change in personnel occurred at the hospital in

September 1926. Margaret McCammon who had been the first Superintendent of Nurses resigned and her place was taken by Ethel (Fenwick) Cooper.

The degree program suffered a setback in 1928. Mary Black, who was the only person on staff qualified to teach the final year, resigned. No one with qualifications necessary to teach this class was hired again until 1937-8. Therefore the students in the years between had to complete their degrees at some other university, generally the University of Toronto, McGill, or the University of British Columbia.

An important change in the administration of the University of Alberta Hospital took place in 1929. Up until that time the university had been responsible for the administration of the hospital. Now the administration was taken over by the Hospital Board which was directly responsible to the Executive Council (The provincial government.) The university's interest in the hospital was recognized by making the university president and the dean of the Faculty of Medicine *ex officio* members of the Board.



CHILDREN'S RED CROSS WING, 1928



## ***CHAPTER 8***

### **THE WEIR REPORT**

During the 1920's student enrollment in schools of nursing declined right across Canada. This was a reflection of a disillusionment with working and training conditions. Students quite rightly felt they were being used, rather than educated.

Hospitals could no longer depend on "slave labour." They had to hire graduate nurses and pay them accordingly. This put a serious crimp in their budgets.

Someone had to look into the matter. A joint committee was formed from members of the Canadian Nurses' Association and the Canadian Medical Association under the chairmanship of Dr. George M. Weir which was to study nursing education across Canada. The results of his findings were released in 1932.

The Weir Report<sup>1</sup> had far reaching effects upon nursing education in Canada.

Dr. Weir found that graduate nurses were having difficulties finding jobs in other than private duty or in supervisory capacities in the hospitals. Hospitals could not afford to pay the wages of staff nurses. Student nurses were doing the work in the hospitals in

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1. *Survey of Nursing Education in Canada*, George M. Weir, M.D. University of Toronto Press, 1932.

return for their training and a small stipend. The average private duty nurse was earning less than \$1,000 per year.

He was critical of training hospitals for failing to establish standardized examinations for their students and for failing to establish a uniform system of keeping records. He found too many schools attached to small hospitals which did not offer adequate nursing experience and which were more concerned with the hospital's needs than the educational needs of the student, which resulted in a lowering of nursing standards. He recommended that no hospital with fewer than 75 beds and having a daily average of less than 50 patients be recognized as a training school, and that each school have a properly prepared instructor, someone trained in Education as well as Nursing. It was recommended that doctors might better contribute to the education of nurses by demonstrating in a clinical setting rather than by lecturing to them in the classrooms. In 1930 students were working 12-hour shifts and attending lectures besides. Dr. Weir noted that they experienced extreme fatigue which lowered their resistance. Many were coming down with serious diseases, notably tuberculosis. He recommended that the work day be cut to eight hours with no lectures after 6:00 P.M. . He wanted the student's schedule to provide time for independent reading and investigation.

He thought it desirable that a school of nursing be financially independent from the hospital to which it was affiliated. "Not until such independence is achieved will it be possible for the average training school to put into effect an adequate educational curriculum."

He noted the need for nurses' residences separate from hospitals, offering rooms for single occupancy, and having recreation and study facilities. Better classrooms also were needed where nurses could take instruction.

In 1936 in response to the report, the Canadian Nursing Association published the *Proposed Curriculum for Schools of*

*Nursing in Canada*. Four years later this was followed by a supplement entitled the *Improvement of Nursing Education in the Clinical Field*. Although few of Dr. Weir's recommendations could be put into immediate effect due to the poverty of the times, it had great influence on training schools in the years to come.



UNIVERSITY HOSPITAL, 1930

## ***CHAPTER 9***

### **THE DEPRESSION YEARS**

After the market crash of October 1929, farm prices dropped sharply in Alberta. The other two main industries of the province, coal mining and lumbering, were forced to cut back on operations and begin laying off employees. People could not buy what they could not pay for. With the basic industries being affected it was not long until secondary processing industries in the cities began laying off their workers too. By Christmas people were feeling the pinch. Money was scarce. It was the beginning of the ten-year depression known as “the dirty thirties.” Soon, thousands of men wandered the country “riding the rods” of the freight trains, looking for jobs where there were none.

Then, in addition to the drastic fall in farm prices, the prairies were besieged by years of drought. Year after year the farmer watched his land blow away and his crops shrivel in the hot west wind which was never still. There are records of farmers shipping livestock to market and being paid so little for their produce that they ended up owing the railway for the freight. Many of these same farmers were heavily mortgaged and in debt to implement companies. There was nothing they could do but default on their

payments.

The Alberta Wheat Pool faced bankruptcy. The government, though depression-pinched itself, bailed the company out.

By 1931 almost one third of the workers of Edmonton were on relief. Accepting welfare at that time carried a stigma of shame and produced feelings of guilt in the recipient. A man would go to his municipal district office only when real hunger threatened his family. Health needs were shamefully neglected. If at all possible they were ignored. Medical care was expensive and government health insurance schemes still years in the future. Only dire emergencies found their way to the doctor's office or the hospital: the child with acute appendicitis, the candidate for a mastoidectomy, the result of repeated bouts of sinus infection caused by malnutrition, the difficult maternity cases and the broken bones.

Hospitals felt the pinch of hard times too. The government could not afford grants for new construction or equipment. All departments were overcrowded, and classroom and laboratory space was inadequate. It was necessary to make do as best you could. A great number of patients were virtually charity cases, having no money to pay their bills.

Nurses who staffed the Outdoor Clinic in the old two storey McLeod house across from the C.N.R. Station recall dealing with as many as 40 patients in a shift, not one of whom was able to pay for treatment. Most of the patients were men, wanderers, driven by desperation to seek aid for some health problem. Frequently their frustrations erupted into violent street fights. It was a rare week that the nurses did not phone the police department to come and break up a fight. Clare Carlyle says she called them so often they knew her first name and birthdate without asking.

Many student nurses had no source of income beyond their stipends. Parents could not afford to give them anything.

An ongoing problem at the University of Alberta Hospital was the lack of a proper nurses' residence. Minutes of those times

are filled with references to attempts of the Board and the Administration of the hospital to deal with it. Unsatisfactory living arrangements added to the fatigue suffered by the students, led to health problems and created dissatisfaction.

The following letter written in November 1935 from University of Alberta President R. C. Wallace to Mr. George Hoadley, Minister of Health and Education, gives a picture of the student nurse's lot.

*I submit herewith for your consideration the matter that Dr. Washburn and I discussed with you in our interview a few days ago. The nurses in training at the University of Alberta Hospital have a weekly schedule including lectures, up to 72.5 hours per week and no less than 52 hours per week exclusive of the preliminary class. There is no question that this is too heavy a load for girls of this age who are carrying, as well, lecture and study work. We have found that sickness among nurses in training is altogether too serious. It is the proposal of the Board to reduce the hours of nurses training to 52 per week as rapidly as can be accomplished in the present financial situation, and to take such steps as one can immediately in the matter.*

*The total extra cost in substituting graduate nurses for the time that the students' duty hours would be shortened is approximately \$10,000 per year. We keenly recognize the seriousness of the additional load and do not feel that it is reasonable to impose that load immediately. We do, however, feel that we have a serious responsibility in this matter and that we should take steps to reach that aim of 52 hours per week as rapidly as may seem financially feasible.'*<sup>1</sup>

Dr. Wallace got results. Gladys (Hill) Pearson writes, "Some of our class were hired to work a new shift, 3:00 P.M. to 11:30 P.M. This was designed in part so that the night-duty students could have more time off when they had to rise to attend 4:00 P.M. lectures

1. University of Alberta Hospital Archives.

and afterwards go on duty from 7:00 P.M. to 7:00 A.M.. Dr. Wallace was instrumental in bringing about better working conditions for nurses.

“In 1934 grads were paid \$65 per month for working this new shift and lived out of residence. The pay wasn’t bad for those times for there was little employment to be had. The ‘Royal Alex’ allowed their graduates to remain in the residence if they wished to work at the hospital and paid them \$25 per month.”

Helen (Garfield) Sabin says, “I was a baccalaureate student in the old five-year program at this time. The change came while I was in the clinical component of the program at the University of Alberta Hospital. During the early part of the program we worked split shifts and had very little holiday time. The hospital demanded overtime almost daily. Students moving from the university schedule to the hospital schedule and back again found their physical stamina greatly taxed.

“When the change came our lot was much improved. Lecture hours were included in the new nine-hour day and we were granted extra time off.”

During the years of the depression the University of Alberta Hospital devised another scheme to offer work to as many of its graduates as possible. The nurses worked alternate months. No one got rich on the scheme but at least everybody had something to eat.

In 1932 a combined four-year general and psychiatric nursing program was begun at the Provincial Mental Hospital in Ponoka. After two years the students were assigned to selected hospitals in Alberta to complete their general nursing requirements. The University Hospital had many “P.M.H. students” who were included in the regular diploma program, usually at the second year level.

To the University Hospital students the P.M.H. girls appeared confident and capable in dealing with patients who were



difficult or those exhibiting “different behaviour.” The P.M.H. students on the other hand recall their uncertainty at being thrust into an acute care setting without a great deal of orientation.

In 1962 the program was discontinued.

We were fortunate in responses to our request for memoirs from graduates of the 1920’s and 1930’s, which illuminate the lives of “nurses in training” of those times, in sharp contrast to the lives of students “gaining clinical experience” today.

Several early accounts refer to “our seniors and our betters.” While they contain a degree of irony, they indicate the inculcation of an attitude into the young nurse which is unheard of today. Someone remarks, wryly, that the hymn at morning prayers was more often than not “Work for the Night is Coming.” What else, considering their hours of duty?

An interesting contrast is evident in the two accounts following. The first is from Sadie (Jones) Duggan, class of 1939, who speaks of the instructors of her training days. The second we have chosen to keep anonymous.

“We were afraid of our instructors, but I can’t see that it did us any harm. We came to respect them and admire their knowledge, and now, in our maturity, to think of them with love.

“There was Miss Jean Lees, charge nurse of the third floor; many’s the night she folded linen with us until 9:00 P.M. so that we could get off duty. That woman could make a bed so that no one would believe that the mattress underneath was sagging in the middle.

“Mary Alice Olds, the Night Supervisor, taught us the art of nursing, not simply carrying out procedures, but by rolling up her sleeves and working with us on a patient. I have felt, after watching Miss Olds at work, that here is what nursing is *really* about.

“Miss Christine MacKay who presided over the Operating Room was an awesome figure, but from her we learned to give of our best, to anticipate, and to be alert.

“The P.S.U. was the domain of Miss Betty Grieg and Miss Alice Thompson. When I compare their surroundings and equipment with that of a modern children’s hospital I marvel at the way they managed.

“Mrs. Elizabeth Porritt ran a tight ship. Personnel quaked in their shoes when they found themselves posted to her floor, yet it was she who loaned her car to an intern who wanted to visit his girl friend who was working somewhere in the country.

“Bea Fane<sup>2</sup> and Belle Sloane were the mainstays of the Maternity. They instilled confidence and were competent in any situation. Miss Sloane particularly had a great sense of fun.

“These are but a few of the wonderful women we knew during our training. Disciplinarians, but excellent nurses, each in her particular field. They taught us to discipline ourselves and give of our best. I think that today’s society could benefit from their standards and principles.”

The second account is from a nurse who still recalls some of the sarcasm and ridicule visited on her by her instructors with resentment.

“People were constantly telling me what to do. By my fifth month of training I was as submissive and subdued as though I were the child of the strictest parents. The charge nurse, and the instructor in the busiest Surgical ward where I was at the time, behaved as though they were afraid of each other and ruled us lesser beings with fire in their eyes and tongue. I was filled with steadily growing resentment.

“Once when I was handing out medications I asked one of the other nurses what mineral oil was for. The charge nurse overheard.

“‘You mean you are going to write Pharmacology exams in a week and you don’t know?’ she snapped.

“It was too much. I snatched up a card at random from the tray of medications.

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2. This is Bea (Fane) Clough, one of the early graduates who recalled her own student days in Chapter 6.

“ ‘What’s this for?’ I snapped back at her.

“She had to admit she didn’t know, but it was a hollow victory. I got my lowest ward report from her in three years of training even though I had saved a patient’s life one night. No commendation for that!”

Gladys (Conquest) Macpherson also recalls the new Obstetrical Unit opening in 1933.

“Our nursing students no longer had to go to other city hospitals for their Maternity training. The small, cottage-style unit was connected by corridors to the main building. It seemed that we were only half set up when Dr. Conn’s patients began arriving. We had to enlist the help of Betty, the kitchen maid, to push stretchers and make beds. Most irregular! The private rooms were rightly called cubicles. Their dimensions were approximately eight by nine feet.”

Gladys claims the honour of having been the case room nurse when the first twins were born in the new unit.

“Our Maternity Ward had an excellent rating,” she says. “Both nurse and patients loved the homey, cottage atmosphere. It was like a world set apart from the big, bustling main hospital.”

Louise McCallum was a graduate of 1936. She did better than write her memoirs. She took us on a guided tour of the hospital.<sup>3</sup>

As we passed down the corridors she stopped from time to time to lay her hand against a wall and explain that here a corridor was extended, or here a wing added. Fifty years is a long time, and the changes are great from the hospital which started in 1914 as a relatively small five-storey structure facing 112 Street with A, B and C Wings fanning out from behind, to the bewildering immensity of the complex which houses today’s proliferation of medical services.

Louise had vivid memories of her training days when the

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3. Louise McCallum was on General Duty at U.A.H. from 1934 to 1941. After working in other places she returned in 1967 as Supervisor of the Surgical Unit. She later became Assistant to the Director of Nursing Service, then she was in charge of nursing personnel, and finally, Evening Supervisor until her retirement in 1973. She is presently living in Edmonton.

third floors of A, B and C Wings were used as nurses' residences. The other floors were public wards, 15 beds and one bathroom to a ward. The place is empty now, with paint scaling from the walls. But in the mind's eye you could still see it, as austere and cheerless as the March day outside. The extension was built by the Soldiers' Civil Re-establishment Board for patients who were veterans of World War I. The wards have not been used since the opening of the new Veterans' Auxiliary Hospital and Nursing Home in February 1941.

"It was one of the more relaxed places to work," Louise says. "The majority of the patients were not acutely ill and most of them were familiar with hospital routine. A few took delight in trying to trip up the unsuspecting probies, but they also kept us out of trouble by giving tips on what should and should not be done. They helped us in the never-ending chore of aligning beds in a straight row and kicking castors straight.

"Some of them were there for years. The one I remember best was Captain Bissett. Not only was he memorable for medical reasons but because of his efforts at occupational therapy. He made beautiful model ships, did oil paintings and pen and ink drawings which he gave away to the nurses who managed to keep in his good books."

Our next stop was on the ground floor of the main building, the Pharmacy Department. "Very few of the medicines that were in use in the early days would be found on the shelves now," Louise notes.

Almost everything else on that floor had been relocated since those days. "In the very early days of the hospital there used to be a small Psychiatric Unit, but when I was a student we used that space for our demonstration room where we practiced making beds, giving bed baths and various other procedures. The Psychiatric Unit was disbanded in 1933 and all long-term patients were sent to the Provincial Mental Hospital at Ponoka. However, there was a

small room with a grated window and a locked door which was used on rare occasions for the detention of a severely disturbed patient until a transfer could be arranged. Of course, they were kept under constant surveillance. No really effective and safe tranquillizing drug was available at that time."

One department on the first floor which has had a profound effect upon patient care is the Respiratory Therapy Department. Since its inception, many patients now survive who would not have done so previously.

"I remember when they installed oxygen outlets in the walls," Louise says. "It replaced the tank at the patient's bedside and seemed a very forward step."

Now this department, organized in 1949, has a staff of 43. Someone is always on duty. In addition to treating such conditions as emphysema, bronchitis, pneumonia and asthma, staff are always called in cases of cardiac arrest and are always available in the Intensive Care Units. In emergencies their "crash wagon" contains the necessary equipment to permit a doctor to perform a tracheotomy on the ward.

The Head Technician showed us his department, where the equipment is cleaned, maintained and sterilized. The staff here received their training at the Northern Alberta Institute of Technology and serve a year's internship. The department is responsible for supervising all patients receiving respiratory therapy and they work under the Medical Director.

They maintain the equipment for an air ambulance service from the hospital to any place in Alberta. The equipment is expensive. An electronic respirator costs between five and eight thousand dollars, but assists the respiration of those patients who cannot breathe for themselves.

Louise smiled as we moved off down the corridor. "People live now, hundreds of them, who would have had no chance at all 25 years ago."

As we went further along the corridor on the same floor she stopped and showed us where there used to be two dining rooms.

“The smaller one was reserved for medical staff during the daytime but the nursing staff shared it at night. Fanny Hooson was in charge of food service at night. Generations of nurses remember the treats she sent up to the wards for the early morning coffee breaks, unknown to the Night Supervisor, or so we hoped.

“The larger dining room was for nursing staff. One table was reserved for the Training School Officers (T.S.O.). The Superintendent of Nurses, her Assistant, the Day Supervisor and the Instructor. The head of the Dietary Department and the Housekeeper also ate at that table. Graduate nurses, student dietitians and student nurses occupied the other tables. Charge nurses and their assistants had a separate dining room in the Provincial Special Unit (P.S.U.). Auxiliary personnel ate in a room near the main kitchen.

“The arrangement probably dated back to the tradition handed down from England to the early Canadian hospitals, and is part of the hierarchical system associated with the army.

“It was considerably later that the changing times and the increasing numbers of employees as well as the need for greater economy and efficiency brought about the cafeteria-style dining room for all. Direct payment for meals was instituted at that time. Previously, an allowance for food and laundry was considered part of the salary. Students were not charged at that time, nor are they now.

“The commercial firms in the early days supplied gauze and cotton batts in bulk. There was a ‘gauze room’ in the hospital where probationers made up all the dressings and cotton balls.

“The Physiotherapy Department is another one which has grown immensely since my early days. When I was a student the only physiotherapist employed was Miss Edith Wood, affectionately known as ‘Woody.’ Most of her work was with polio patients and she taught a short course in Physiotherapy. It dealt with the

basics and was not enough to have much application to our nursing care. Back in 1929 Dr. Vant says that the Physiotherapy Department consisted of Jim Schoals and Tommy Robson who doubled in the plaster room. In 1954 a School of Physiotherapy was begun under the direction of Dr. J. R. Fowler to train staff for the rehabilitation clinics of the hospitals in Western Canada. It began as a two-year program but in order to train students in special fields which were required, an enlarged three-year program was instituted in 1960.

“Years ago there was a central clothes room on this floor,” Louise continued. “Julia McNeil was in charge. She had a cheerful manner and a ready smile. This was the room where all but private-room patients had their clothes stored during the time they were in hospital. Hospital policy was so strict that it was like pulling teeth to get clothes in or out of there.”

When we knocked at a door marked “Medical Electronics” we were admitted by the Head Technician who talked about the work of his staff. They are responsible for the heart-lung machine which is used in open-heart surgery and maintain the special equipment used in the Cardiac Recovery Room, the Coronary Care Unit and the Artificial Kidney Unit. They also evaluate new equipment which suppliers offer for sale, and have sometimes been able to suggest modifications in design. The technician told us that in this one room there was more than eight million dollars worth of equipment. The operation of these machines does not come within the sphere of the nurse’s responsibility. It is in the hands of technicians who have been especially trained for it.

“When I was a student, the Training School offices were located on the ground floor, as it was then known,” Louise said. “One of the most trying ordeals in the life of the student nurse was the periodical summons to the Nursing Supervisor’s office for a review of ward reports. Evaluations are unnerving at the best of times. These were particularly so. Even the most charitable indi-

vidual could scarcely call those sessions constructive.

“The Superintendent of Nurses had living quarters on this floor and across the hall was the Private Diet Kitchen where trays for private ward patients were prepared. These patients received more custards, special desserts and salads than the patients in the public wards did. Next door was the Special Diets Kitchen. Students spent a total of six weeks here putting into practice what they had learned in classes concerning the effects of diet on the sick. The objective may have been attained to some extent, but for the most part we were used as helpers. However, there was one advantage in working in the Diet Kitchen. We got off duty on time!

“In those days many of the great tools of Medicine were still in their infancy. The X-ray Department, for example, consisted of Dr. Richard Proctor, one nurse and a technician, and it was housed in the north end of the building on the ground floor.

“At one time patients with multiple sclerosis and general paresis of the insane were also treated in this department. A nurse was assigned to carry out the treatment, which consisted of raising the temperature of the patient who had been placed in a tank-like machine heated by electricity. This replaced the previous malarial fever treatment.

“The first floor was Mrs. Porritt’s domain. Originally it stretched the full length of the 1913 and 1929 Wings and had a capacity of about 60 beds. The night nurses started their morning work at about 5:00 A.M. They took the patients’ temperatures and handed out bed pans and wash water. Then they gave out medicines and brought the charts up to date, which left everything ready for the day staff to take over.

“Food was prepared in the main kitchen and sent by lift to the ward kitchen from which the meal trays were served. Dishes and cutlery were washed and stored on the floor where the wards were. There was a large metal rack for setting up trays and a steam table which had openings into which the containers of hot food fitted. It



also had a warming section to heat the dishes. The charge nurse supervised the serving of the food and the nursing staff carried the trays to the patients' bedsides. When the meals came up, the nurses were supposed to drop whatever they were doing and help with the serving. There was a portable rack on which the trays were collected.

"The kitchen of this nursing station was ruled over by Mrs. Angus, a Scotswoman with a marked accent," Louise recalls. "She was assisted by Margaret McKenzie who also tidied and swept the rooms. Those women had the timid students terrified, but they got along well enough with those who could stand up to them.

"Nowadays, the Service Room has cupboards filled with packages of sterile supplies ready for use in various treatment procedures all prepared and delivered by the Central Supply Service. One of the most striking differences between now and the time when I was a student and a young graduate is in the field of sterilizing equipment and in having supplies available from manufacturers which are ready for instant use. In the old days the nursing staff in the Operating Room autoclaved all supplies used there as well as the supplies used on the wards. We also prepared solutions used for intravenous and interstitial administration. The nurse on the ward was responsible for boiling the instruments and utensils used in treatments. When it began boiling hard, the steam sterilizer overflowed and we were always mopping the floor. And I remember all the time we spent scrubbing white enamel ware . . . no plastic or stainless steel then. At that time no one had thought of separating nursing and non-nursing functions. Perhaps it was a good thing for us. If they had, the employment situation for nurses might have been even worse in those depression years."

We stopped in the doorway of the Medical Records Library, a huge room containing row upon row of olive-drab metal shelves holding in numerically arranged manila folders, the medical re-

cords and treatment procedures for every patient who has entered the hospital during the past ten years.

Jessie Nairn looked after this department for 43 years. Although she retired in 1967, she can still say with complete assurance precisely where such and such a record of such and such a file should be found. Miss Nairn was first employed in the business office and later moved into the Medical Records Library. She is a tall, fine looking lady who loves a good yarn and a good laugh.

She had a delightful tale about the Chief of Laundry Services appearing in the Business Office one day, very perturbed, and with wet bills of every denomination clutched in both hands. Three thousand dollars worth of them!

It seems that some fellow had come down from the North wearing several layers of very dirty underwear. He had shoved his winter's wages somewhere between the layers for safekeeping. He landed in hospital and either did not tell, or was in no condition to tell the location of his treasure trove. Fortunately, the bills did not disintegrate in the laundry. They only faded a bit . . .

The tour of the hospital was ended. We paused in the parking lot outside. Louise looked back at the building where she had spent so much of her working life.

"Forty years from the time I started training to the time I retired. What changes! What incredible advances of the Intensive Care Units, X-ray, the perfecting of Respiratory Therapy technology, heart-lung machines which permit open-heart surgery." Her eyes twinkled. "Medicine's come a long way."

Early nursing training stressed discipline, self-sacrifice and unquestioning obedience. The emphasis now has shifted. Presently clinical experience is designed to make the students more aware of the "why" of what they are doing. Again and again in speaking to the older graduates we came across the phrase, "We were afraid . . ." of everybody, as it turns out, right from the kitchen maid to the Chief of Surgery.

Louise admits to having been afraid, and admits to having wept over injustices. But she says with the stoic, tough-mindedness characteristic of her generation, "Well, that's the way it was. There's no sense dwelling on it. It's part of those times."

Many of her contemporaries maintain that a system can only be judged by its product, and no one can deny that the product was indeed very fine. However, having been privileged to sit in on a clinical teaching session with modern students one cannot but question the necessity of the early-day harshness. Today the student is helped to know herself, she is helped to gain self-confidence, she is encouraged to question. The emphasis is on acquiring skills which enable her to practice the art of nursing with a maximum of efficiency.

Louise says, "The knowledge and skills that a nurse must acquire today are greatly increased. If she is to work in Intensive Care Units or the Operating Room, special preparation is essential. Much of what we learned, such as the application of sinapisms, linseed poultices, the use of red flannel bandages and oil of wintergreen in the treatment of rheumatic fever, even the soapsuds enema, are as out of date today as the use of cupping and leeching were to us."

"The role of the nurse has changed. Once there was a doctor-patient-nurse triangle. Now the nurse is a part of a greatly enlarged health care team."

In spite of the depression years, advances were made in the growth of the University of Alberta Hospital and in the training of its nurses. October 1929 saw the opening of a new 122-bed wing and the staff secured to operate it. A Laundry-Kitchen Wing opened in 1932, and in 1933 the Obstetrical Unit opened.

Miss Helen S. Peters, R.N., Montreal General and McGill School of Graduate Studies, was appointed Superintendent of Nurses in 1935. Miss Peters has been described by some people as a reserved and efficient woman but there are those who remember

a side of her nature not so readily apparent; that of a shy, but deeply caring human being.

Gabriel Lefebvre, former Chief Orderly at the hospital, praises her warmly as being the authority who backed his efforts to establish a training course for orderlies in the province. Jeanie (Clark) Tronningsdal praises the ground work that Miss Peters laid and pays tribute to her management of the hospital in the difficult days of the depression when money and supplies were so short that Miss Peters was forced to use the back of Condition Sheets to make carbons of her correspondence.<sup>4</sup> Her hobby was knitting. During the war she did a great deal of it for the Red Cross.

In May 1936 the Senate Files record the arrangement of a complete B.Sc. (Nursing) course which was to be offered at the University of Alberta by 1937-38, so that students would no longer be forced to do their fifth year elsewhere. This involved acquiring a full-time Lecturer in Public Health Nursing for the following year, and that person was found in Miss Agnes J. MacLeod, B.A., B.Sc., Alberta; M.A., Columbia; R.N., Alberta. Miss MacLeod was appointed Director of the School of Nursing and Lecturer in Public Health Nursing and Health Education. In the fall of 1937 Public Health Nursing was offered as an option for the final year of the B.Sc. Nursing Program.

In 1937 the requirements of the Baccalaureate program were changed to an academic year at university, 31 months in hospital training and a final year at university. In 1938 an additional five months was added to the hospital training.

4. Miss Peters became Director of Nursing Service in 1946 and held this position until she fell ill in 1953. She died in November of 1954. Jeanie (Clark) Tronningsdal was Director of Nursing from 1954 to 1962.

## ***CHAPTER 10***

### **THE WAR YEARS**

In September 1939 Canada was at war. Profound changes took place in the country and in the practice of Medicine during the following six years. From the moment war was declared there was an upswing in the Canadian economy. The country had been traditionally agricultural. Suddenly it began to industrialize to produce munitions. Workers to staff the factories were offered on-the-job training. In a short time they were earning high wages. People flocked to the cities to take advantage of job opportunities. Cities became over-crowded and housing was expensive and hard to get. Thousands of young men who had wandered the country the year before looking for work found places in the armed forces or in high-paying factory jobs.

When the United States of America also got into the war in 1941, the effect in Edmonton was profound. Afraid that Alaska was under threat of invasion from Japan, the Americans built the Alaska Highway: 1,500 miles from Dawson Creek, B.C. to Fairbanks, Alaska in an incredibly short period of time. All their men and equipment passed through Edmonton. Many American service personnel were stationed in the city. The Edmonton Industrial

Airport became one of the busiest in North America, and a new base was built at Namao, just north of the city, to ease the pressure. The city was bursting at the seams and rental accommodation almost impossible to get.

The University of Alberta Hospital also found itself under tremendous pressure. The facilities had scarcely managed the demands of the local population. With the sudden influx of Americans, the hospital was short of everything but patients.

Dr. J. Ross Vant, head of Obstetrics and Gynaecology (now retired), became acting head of the hospital from January 1939 to June 1940.

In speaking of the times Dr. Vant says, "The '40's were difficult because we were so busy we had no time to think. A large proportion of the academic staff resigned or were given leave of absence to join the armed forces. The University Hospital was still relatively small. In the first two years the Faculty of Medicine lost six of its members including Dean Rankin, Lt. Col. R. T. Washburn, Superintendent of the Hospital, and Miss Agnes MacLeod, Director of the School of Nursing. The staff remaining assumed heavy burdens as work loads increased.

"There was a great need for doctors. The Faculty of Medicine started an accelerated program; nine months of classes, one month's break, then nine months of classes again. The interns went straight into the army.

"While I was Acting Superintendent I ran that hospital on a part-time basis. Just Tommy Cox, the Treasurer, and myself." He chuckles. "Wouldn't want the job now. You know what the budget was last year? Forty-four million!

"Well now, those years, 1938 to 1947, that was when some of the greatest advances were made in medicine. In '38 we got the first sulfonimides, and in '41 we started using penicillin in limited doses. It wasn't easy to get.

"I remember borrowing some from the American medical

people for one of my patients who needed it. I put in a requisition to Ottawa for penicillin to repay them and it was three months before I got it. It wasn't until 1942-43 that penicillin was readily available. In the years after that the broad spectrum anti-biotics were developed.

"In 1947 the Red Cross Blood Transfusion Service was set up. It was a great advance. They took over blood grouping, testing for compatibility, Rh factor typing, transfusions and finding free donors. Before that time if people needed blood they had to depend on relatives or friends. There were some people who sold it. Twenty-five dollars a pint! Stonewall Jackson, who was a donor at the University Hospital, made his living selling his blood.

"The intravenous was developed during the '40's too. Prior to that nearly all medicine was given by mouth, or by injection. If we had to give fluids we stuck a couple of needles in the area behind the shoulder blades which allowed a slow trickle of liquid into the body. Sometimes the body wouldn't absorb it readily and the skin on the back would balloon." He grimaces and says wryly, "That was the time you slept on your belly.

"When the intravenous was first introduced, the nurse's only job was to see that it was running properly. Actually starting an intravenous was not supposed to be the function of the nurse. Finally, classes were organized in about 1960 in intravenous methods and necessary safeguards. These I.V. people were members of a team and only they were allowed to start the intravenoses and add the prescribed medications. Eventually the techniques were introduced into the student's program until all nurses were getting instruction by 1970. Now there are intravenous teams and blood transfusion teams.

"Back in the '40's most medicine used in the hospital was compounded. That is, the doctor wrote a prescription and the medicine was made up right in the hospital pharmacy. Very few medicines are compounded now. The doctor asks for it by name

and the pharmacist pours it out of a big bottle.''

The physical plant of the University of Alberta Hospital expanded in two directions during 1943. First there was an addition to the Laundry and Kitchen wing, and second, new and greatly expanded facilities were found for the Obstetrical Unit and for the Pediatric Department. In 1945 the Mewburn Pavilion was open for the care of veterans of both World Wars. It was under the jurisdiction of the Department of Veterans' Affairs and it brought the hospital's accommodation to 645 beds.

The pavilion was four stories high and built in the form of an H. The building and equipment cost nearly \$700,000, and it could accommodate 250 patients.

By the end of the war the lack of space at the University of Alberta Hospital had become critical. The old Soldiers' Civil Re-establishment Building had become quite inadequate by 1943, and so the new 250-bed Mewburn Pavilion was a most welcome addition to the hospital.

In the First World War university enrollment had fallen by one third, but the Second World War produced quite different results. Enrollment actually increased. Authorities told the university population that they could best serve their country by completing their courses if they were students or by carrying on as instructors and administrators if that was their capacity. Each September during the war years more students enrolled than were expected. Student enrollment in the B.Sc. Nursing program ranged between 53 and 85 with the average being 73 each year.

In May 1940 the students requested the right to form a student government to deal with matters of student life, and a suitable constitution was drawn up.

Originally the Senate of the University set the standards for Nursing Education in the Province. In 1942 the new University Act placed the responsibility under the General Faculty Council of the University of Alberta. Nursing became a recognized Univer-



sity discipline with a Board of Examiners of its own, and at the same time the committee on Nursing Education came under the General Faculty Council.

On the recommendation of Miss Agnes MacLeod, Miss Helen McArthur, B.Sc., Alberta, who was working for her Master's degree at Columbia at the time, was appointed Lecturer in Public Health Nursing at the University of Alberta and made a member of the Council of the University School of Nursing.

During World War Two the Canadian armed forces absorbed 3,600 nurses. The Canadian Red Cross also made demands upon the nursing population. This meant nearly 4,000 nurses went overseas in various capacities — leaving a drastic shortage of qualified nurses at home.

There was a call for retired nurses to return to work, and the A.A.R.N. began to recruit inactive members. In May 1943 the University of Alberta School of Nursing offered a six-week summer school which was open to any nurse who had been active in the field during the previous ten years. Registration numbered 45 students the first year and the course was offered again in 1944. Helen McArthur, who had been Director of Nursing from 1940 to 1943 and who had resigned that position in June of that year, taught the Public Health section of the summer school course; while Helen Penhale, Visiting Professor, who later became Director of the School of Nursing from 1946 to 1956, gave lectures on ward teaching and supervision.

There was an increasing lack of classroom space at the university all during the war years. This combined with a chronic shortage of housing to create hardships for both students and staff. At last, in 1943, the provincial government agreed to begin the construction of a nurses' residence.

In 1943, following the resignation of Helen McArthur, Madeleine (McCulla) Larsen became Acting Director of Nursing at the University of Alberta, a post which she retained until Helen

Penhale, B.Sc., M.A., Columbia; R.N., Mt. Sinai, N.Y., was appointed Associate Professor of Nursing and Director of the School in 1946.

The annual report of that year notes that due to the war the hospital was operating with a staff shortage of between 30 and 40 per cent. There were many staff changes, and although the shortage had been somewhat eased by the return of married nurses, the opening of the Mewburn Pavilion absorbed the additional personnel and left the shortage as acute as ever.

The Nursing Service staff of those days consisted of graduate nurses, student nurses and orderlies. Nurses spent much of their working time in routine care, housekeeping duties and clerical duties. It became increasingly apparent that other less highly qualified personnel needed to be trained to assume routine tasks so that nurses could turn their attention to areas where they were vitally needed.

In 1944 the Hospital Board approved the establishment of a Health Service for all hospital staff. No other hospital in the Province had such a service and its organization offered a great challenge. In July 1944 the Health Service opened its doors, its first director being Miss Edythe Markstad, a new Public Health graduate. Space was found in a small room in the basement next to the instructor's office. Dr. Angus McGugan, Superintendent of University Hospital, was the physician in charge. A program of pre-employment and annual physicals, annual Tuberculin tests, immunization, and daily sick parade was established. The safety of employees also came under the jurisdiction of Miss Markstad. Home visits were made to all staff who had been off work 24 hours due to illness. Scarcity of accommodation during this time of the war forced many of the hospital's staff to live in substandard accommodation in the old U.S. Army Base huts in the 96th and 97th Street district, or basement rooms near the hospital. Often staff members were too ill to look after themselves. It soon became

advisable to have somebody accompany the nurse on her home visits and this task fell to Mr. Gabe Lefebvre, chief orderly of the hospital.

In 1952 Miss Myra McArthur succeeded Miss Markstad. Because of the increase in staff the attempt to provide total care for all staff had to be discontinued and the Health Service became limited to student nurses only. Dr. McGugan who initially was the Staff Medical Doctor found it too big a load to combine with his administrative duties. Dr. E. G. Kidd and Dr. F. B. Rodman were among the doctors who succeeded him, and who are remembered for the kind and considerate care they gave to the students.

A project with which Dr. Vant was closely associated and which had far-reaching effects was begun in 1943. It was a course in midwifery offered for those Public Health nurses working in outlying districts of the province not yet organized into municipalities where there was a shortage of doctors and hospitals. This program has since been expanded and modified several times to meet changing needs and conditions.

The following account is from Barbara Eben<sup>1</sup> who was also closely connected with the project.

“In 1939 with the onset of war, the district nurse staff was increased to about 40 in a matter of a few months as rural doctors joined the forces. In some places small hospitals were left with no medical practitioner or with only one man where there had been several. The need for qualified midwives for the nursing districts became urgent. In 1940 Helen McArthur, as a thesis for her Master’s degree at Columbia University, set out a plan to implement a midwifery course to meet the needs of the nurses in Alberta, surely one of the more productive Master’s theses ever written. This plan was the basis of the Advanced Practical Obstetrics Course for District Nurses which was started at the School of Nursing of the University of Alberta in 1943. Miss Kate Brighty

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1. Barbara Eben, B.A. (Alberta), R.N. (Royal Victoria Hospital, Montreal), C.M.B. (Edinburgh), was a lecturer in the Advanced Practical Obstetrics Program from 1944 to 1948.

was then Director of Nurses in the Department of Public Health. She and Olive Watherston and I were all acutely aware of the need for midwifery training for nurses in these positions of isolation and responsibility. A woman member of the Provincial Assembly gave political support to the plan.

“By 1943 Helen McArthur was Director of the School of Nursing and later of the Public Health Nursing branch of the provincial health department. Dr. J. Ross Vant, Professor of Obstetrics, was severely overworked following the sudden death of Dr. Conn. In spite of this, he found time to help us plan this course and to lecture twice a week to the students — all four of them!

“It was planned to limit the class to six, due to its intensive nature. Because all the students had at least the three months required in maternity nursing during their basic training (most had years of obstetric experience and had acted as midwives frequently) it was felt that three months would be adequate. Later it was lengthened to four months to provide for more field work.

Dr. Margaret Hutton who was senior resident gave the students mannikin practice and instruction in the performance and repair of episiotomy, and in perineal nerve block. Dr. D. B. Leitch, Professor of Paediatrics, gave classes on the care of the newborn. Experience in prenatal care was given in Dr. Vant's and Dr. O. Baker's private offices and later in the private offices of most of the obstetricians in Edmonton.

“Our original plan to have students conduct deliveries in our own nursing districts proved a failure, so the next year we sought hospitals throughout the province where our students might each conduct the 20 normal deliveries which was a standard in the midwifery schools of Great Britain and Europe. The choice of hospital was dependent on the number of deliveries to be expected, the quality of obstetrical practice, the absence of interns in the hospital and the willingness of the doctors and hospital matrons to

accept a student.

“It stands as a monument to the record and reputation of Alberta’s district nurses and to the spirit of mutual respect and cooperation with Alberta’s doctors that of all the medical men of whom I asked this privilege I only had one refusal. We were asking these men to allow our students to deliver their (normal) private patients under their supervision, a revolutionary thing at that time when ‘public patient’ meant available for teaching purposes, and that only in the large centres.

“The cost of the course seems negligible today. I was paid \$150 a month for three months (later four months), and had a desk in Helen McArthur’s office. Honorariums were paid to the doctors who lectured and to the hospitals who took in the students for field work. I do not remember the exact amounts but I think we paid Dr. Vant \$25. By 1952 I was paid \$300 a month.

“The major difference in content between our course and the British midwifery program lay in our stronger emphasis on pre-natal examination and diagnosis, an area largely in the hands of the doctors in Britain. This was to enable our nurses to recognize in advance those cases which could be expected to present difficulties at the time of delivery, so that they could arrange for hospital delivery. The other major difference was our teaching of the handling of obstetrical emergencies when medical help was unobtainable. Procedures such as repair of an episiotomy and a perineal nerve block were not taught in British courses, where only a doctor might perform these acts. Our students, too, unlike the practice in Britain, were not responsible for nursing duties, during the days spent in Edmonton hospitals, but were free to examine patients, talk to doctors, sit with the women in labour and watch the delivery.

“Several years later Beth (Laycraft) Tachit, a former student, told me of conducting a breech delivery in a home. Just as the patient reached complete dilation the cord appeared, pulseless.

She performed a breech extraction and delivered an eight and a half pound baby alive. ‘And there was no one there to know how good I was!’ ”

## ***CHAPTER 11***

### **FAIR DAYS AND OTHERS**

The character of Alberta changed entirely in the 1940's, first as a result of the war and second as a result of the discovery of a large oil field at Leduc. War ended in Europe in May 1945 and the Japanese surrendered when the Americans dropped the first atomic bomb on Hiroshima in August of that same year.

Canada had undergone drastic economic and social changes as a result of the war. She had greatly developed her secondary industries to manufacture munitions and war materials. With the post-war wave of immigration, largely from central Europe, the balance and makeup of her population was changing and her society was becoming increasingly urbanized.

The big event in Alberta during this decade was the discovery of oil at Leduc in 1947. From a relatively poor province whose economic base had been agriculture, lumbering and coal mining, and whose productivity was not great enough to take care of the job requirements of its own natural increase in population, it became, in a short span of years, one of the richest provinces in Canada. But in 1945 the province's oil discovery was still two years in the future. Both individuals and institutions still expected full value

for their hard-earned bucks. Hospitals supplied few frills to either patients or staff. During the war the nursing shortage had been so acute that Ward Aides, trained on the job, were introduced to the hospitals to free the nurses of the many housekeeping duties. It became imperative for the provinces to set up schools to train nursing assistants.

Frances (Ferguson) Sutherland was a nursing sister overseas during the Second World War. When she returned to Canada she was instrumental in establishing a school for nursing aides in Calgary. The nursing aide school which began in an old army barracks shared by a plumbers' class and a carpentry class in north-west Calgary, began training its first students in January 1946.

There was a great need for nursing personnel and as there were a number of women coming out of the armed forces who needed employment, the school took these veterans as they received their discharges. In the first five months the school had only 11 students, but the numbers increased rapidly.

The school was the first one of its kind in Canada and for the first 14 months students came to it from all over the country and returned to their homes after training. Later, each province set up its own school for nursing aides.

The course was of 40 weeks' duration: 15 weeks in school, two ten-week periods in two separate community hospitals which were not training hospitals for nurses, and another five weeks back in the school.

New students were admitted at ten-week intervals. When the enrollment reached close to 300, training facilities for the hospital component of the course had to be found in the south of the province and later in the north. Although the registered nurses seemed at first to feel threatened by the nursing aides, in time they learned to accept them and appreciate their value. The nursing aide course was geared for the needs of people who did not want the



responsibilities of a registered nurse, or for those people who wanted to first feel out the field of nursing before seriously committing themselves to it. A good number of nursing aides did later go on to complete diplomas in Nursing.

After its first ten years, the School in Calgary had graduated 2000, all of whom had found employment before the ink was dry on their certificates.

The male counterpart of the nursing aide is the nursing orderly. He is an important component of the nursing team. Mr. Gabriel Lefebvre, former head of the nursing orderlies at the University of Alberta Hospital and President of the Alberta Association of Registered Nursing Orderlies told us something of their history.

In 1946 at the same time the Nurses' Aide Program was being organized, the provincial government was asked to establish a similar program for Nursing Orderlies but the Minister of Health refused the funds for it.

The orderlies formed themselves into a chartered organization which repeatedly pressured for a training school but this was not realized until 1967. The Vocational Branch of the Department of Education sponsored a training program of nine months' duration. The school operated in the C.H.E.D. Building in Edmonton until 1970 when it moved to the new Vocational Centre at 102 Avenue and 108 Street. The program proved so valuable and so popular that the course was extended to ten months and a new school was opened in Calgary in 1970.

The association presently has more than 700 members. They have a Credentials Committee which evaluates and registers any orderly who meets the standards which the committee has set. Most hospitals request registration from prospective orderlies as it gives them the assurance that the prospective employee has met standards of preparation which will enable him to be able to give good patient care.

The Calgary and Edmonton Schools graduate a total of about 75 orderlies each year, but as Alberta is the only province which sponsors a program of this size a number of graduates leave to work in their home provinces.

For some time it has been felt that there should be one common program for Certified Nursing Aides and Orderlies and that the two groups should band together into one Association of Nursing Assistants.

Prior to World War Two the Nursing Service staff consisted of the graduate nurses, the student nurses and orderlies. Then Ward Aides were introduced to help with the housekeeping functions. Following the war, with the training of Certified Nursing Aides who were able to assume routine patient care, a new concept of nursing came into being — that of the nursing team. The team was completed with the introduction of the Ward Clerks in 1949 who relieved the head nurses of many clerical duties.

The nursing profession came to the end of an era in the late 1940's. There were turbulent times ahead. The shortage of nurses which had started with World War Two became a chronic condition. Fewer and fewer students were entering training. It should have come as no great surprise. The years of training were too long, the petty stipend offered the trainee grossly inadequate, the discipline harsh, the work hard, the responsibilities terrifying, the living conditions spartan, the hours impossible and the graduate's salary scarcely of the kind which lends itself to Caribbean holiday cruises.

Nursing education in Canada underwent a crisis. It became increasingly clear that unless sweeping changes were forthcoming, the profession was in trouble. Student enrollment dropped steadily.

Studies of the problem became the hallmark of nursing in Canada during the next 15 years. The Canadian Nurses' Association looked once more at the Weir Report. The problems were still

the same: students burdened with lectures, study and duty so that they were too weary to do their best work or to make the best use of learning opportunities. They still spent too much time in non-nursing activities. Classroom lectures were not integrated with clinical experience. There was a necessity for a reappraisal of night duty.

In the years immediately following the war, nursing schools were still adhering to the rigid curriculum prescribed by the Committee on Nursing Education. There was a great shortage of qualified instructors to fill positions in the schools, which while it made reforms more urgent, also delayed their implementation.

In 1949 Rae Chittick<sup>1</sup> undertook a study for the Alberta Health Survey Committee which was entitled *A Study of Nursing Services in Alberta*. Her findings were:

1. *The responsibilities of Supervisors and Superintendents of Nurses far exceeded their training.*
2. *There was a shortage of graduate nurses.*
3. *There was a lack of housing accommodation for nurses.*
4. *Nurses were doing jobs which should have been delegated to others, especially in those hospitals which employed no Nursing Aides, and the students did jobs of no educational value. (The University of Alberta Hospital was one at which such criticism could be levelled.)*
5. *In cases where the hospitals financed the schools, students were made to return the cost of their education in services to the school.*

The nursing shortage resulted in a new look at marriage and nursing. Rae Chittick reported that in the previous year, 1948, 45% of nurses who left the profession did so to get married. In

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1. Rae Chittick, R.N., B.Sc., M.A., was president of the Alberta Association of Registered Nurses 1940 to 1942, and president of the Canadian Nurses' Association from 1946 to 1948.

small-town hospitals, matrons were forced to hire married nurses. In contrast, by 1963, 53% of active nurses in Alberta were married. Married women were accepted at schools of nursing and were granted pregnancy leaves.

At the University of Alberta there were a large number of staff resignations and changes in both nursing schools which reflected the uneasiness of the times. These disruptions caused difficulties in arranging courses and giving students a continuity in their learning.

Housing of student nurses had always been a headache, right from the time of the 1907 typhoid epidemic, when the nurses in the old Strathcona Hospital had been pushed out of their beds to sleep on cots in the corridors. Accommodation for student nurses continued to be a problem over the intervening years, and minutes of administrative meetings are filled with attempts to cope with the problem.

But times had been tough, even since the Weir Report of 15 years before. First there had been the depression and then the war. By comparison with many others, nurses had small cause for complaint. But in May 1947 the long-awaited nurses' residence opened. It made a great improvement in the life of the student nurse. Close to the hospital, it contained comfortable single rooms and offered the amenities for both study and recreation.

The late 1940's may have been turbulent years for the profession, but the nurse at the bedside continued, as she always had, to meet her patient's needs.

Lois (Dunlop) Baptie, a graduate of 1946, remembers a patient who, through many years, marked her as a friend. The reason, she discovered, was that she had gone beyond the call of duty to do a bit of personal laundry for the patient almost 20 years before.

She shares a moment of insight out of her training days. "An early posting for me as a probie was Women's Medical. I was

assured that it was positively the *worst*. All those bedpans and trivial requests! I complained as I assumed a seasoned nurse should. My days always ended in exhaustion.

“Then one day I thought, ‘*These patients didn’t ask to be here. I did.*’ It was a revelation. I resolved to make their stay in hospital as pleasant as their illness would allow. My reward? Happy patients, and a buoyant me at the end of the day. It’s a lesson I have never forgotten.”

Before leaving the ’40’s, mention should be made of the MacLeod Club. It was organized in 1938 with the encouragement of Miss Agnes MacLeod, although at that time it was called the B.Sc. Club. Its members were the first and fifth year B.Sc. class students and its purpose was to form a strong bond between nurses during their three years of clinical experience in the hospital and their first and last years at university.

In 1943 at the suggestion of their honorary president, Mrs. A. C. McGugan, they renamed their club in honor of Miss Agnes MacLeod.

As a result of a reorganization between the university and the hospital in 1946, the MacLeod Club constitution was amended to incorporate the constitutions of the Student Union and the MacLeod Club.

In May 1950 Helen Penhale<sup>2</sup> presented a report to the University General Faculty Council on the training of nurses in Alberta. She stated that each of the 11 schools in the province accepted as many students as they could accommodate, yet only 350 registered nurses graduated each year, and of them, 20% would be lost through marriage. Alberta had need of no less than 500 graduates per year.

There were no other hospitals suitable for the establishment of nursing schools, nor was one large central training school at an already established centre considered a solution.

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2. Director of the University of Alberta School of Nursing from 1946 to 1956.

In May of that year the School of Nursing proposed a new degree program to the General Faculty Council. It was to be an integrated four-year degree program under the University of Alberta School of Nursing. A two-year basic degree program for graduates of approved diploma programs was also proposed at that time with implementation of both programs scheduled for the fall of 1952. The one-year post-graduate courses in Public Health Nursing and in Teaching and Supervision were revised in 1950.

The following is Helen Penhale's account of the development of the four-year B.Sc. Nursing program. "I felt that a different type of program was necessary in the early 1950's because the education provided nurses at that time was like a brick wall. Each brick represented another required course, but the mortar between the bricks was a barrier effectively keeping the relevancy of one course, or brick, from touching another. If we believed that nurses needed a broader knowledge base, especially in the social sciences, then some way had to be found to help more of the students to see the relationship between classroom learning and nursing practice. I recall helping the teachers evaluate students' performances in the Nursing Demonstration Room. I was about to evaluate a student who was doing a catheterization when she asked me if I wanted her to do it the way she had been taught in the classroom or the way she had to do it on the ward to which she was assigned. While I cannot recall the answer I gave, the student probably remembers to this day, some 25 years later.

"Miss F. McQuarrie, who was the Education Director at the time and Madeleine (McCulla) Larsen<sup>3</sup> were instrumental in evolving a plan we believed would result in a better basic preparation for nurses.

"The event, probably more than any other which led up to the proposed changes, was a discussion between Dr. W. W. Cross, Minister of Health, and myself. He raised some questions in regard

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3. Acting Director of Nursing, University of Alberta, 1943 to 1946.

to the preparation of nurses which I could not answer either to my own satisfaction or his. In comparing the length of the Nursing Program with others such as Medicine or Law, it made no sense to him to keep the nursing students in school so long. He accused the so-called nurse educators of wasting the students' time.

"I began to wonder what a day looked like in the life of a student. As an alternate assignment in one of the courses I was teaching I asked five students who were assigned to different wards for practice if they would keep a diary for a week recording everything they did while on duty, and evaluate the learning value of the duties performed. One student cleaned 65 bedside tables during the week. She used good psychology in her evaluation. Her comment after 'Bedside tables, 65 cleaned,' was 'Learning value?'

"There could have been valuable nurse-patient interaction while the student was involved in cleaning, but I doubt that we, as clinical teachers, had helped the student acquire greater communication skills while performing the menial tasks. The diaries handed in by the other four students were less startling but each revealed a great deal of wasted time.

"The type of program we attempted to design was one with a much broader base, especially in the social sciences area. It would require more courses in this discipline as well as requiring nurse-teachers qualified to help the students utilize the concepts they had learned in the classroom.

"In reviewing the clinical practice, we had been requiring 12 weeks in Medicine, Surgery, Paediatrics, Obstetrics, Psychiatry and Operating Room. This meant considerable duplication in learning experiences. Repetition is not always undesirable but we felt that this was too much duplication. We drew up a program which we thought was sound; more academic courses were included and less clinical practice. Needless to say, the final program which evolved some two years later showed little resemblance

to that plan.

“One of our greatest concerns related to clinical experience. If we reduced the amount of practice, would the graduate be a safe practitioner able to obtain nurse registration in other provinces and in the U.S.A.? We contacted the nursing boards in provinces and states where we thought there might be problems and were assured that the graduate would be eligible for registration if she had a reasonable amount of practice. ‘Reasonable’ was not defined, so we assumed that our proposals were sound.

“The students had been receiving a 12-week block of Psychiatric Nursing at the Provincial Mental Hospital in Ponoka. We were now about to ask for an eight-week block for the students in this new program. In addition to asking for a different type of experience for one group of students, we would be placing double the number for one year in an agency already crowded with affiliating students.

“Doubts were expressed in the students’ ability to overcome their anxiety related to the psychiatric patient in an eight-week period. If this was not possible the graduates of the program would never choose to work in a psychiatric hospital. The psychiatric nursing staff with whom we were working decided that they ‘would give it a try.’ The Oliver facility was used in order to reduce the number of affiliating students at Ponoka.

“Nurses in the specialty areas, Operating Room, Obstetrics and Paediatrics, questioned the soundness of a shorter experience. Their main concern appeared to revolve around the supply of graduates interested in working in these areas. A shorter experience as a student would probably result in a less qualified graduate, so they thought. We felt that the length of time spent in a clinical area was not the only criterion to be used in determining its value.

“The four-year program came into being in September 1952. It would be impossible to prepare a complete list of all the persons who assisted us in its development. I would be remiss if I did not



pay tribute to Dr. S. Spaner for his interest and wise counsel during the planning stages. He made light of our concern regarding failing by assuring us that 'everyone has the right to fail.' Most of our concerns centred around the students. Would students in the four-year program be accepted by students in the five-year plan and in the diploma program; how would graduates accept them; would we be 'short changing' the graduates in this so-called 'short program'; could the nurse-teachers retain sufficient control of the student's learning experiences in the clinical area to prepare a safe, well-qualified graduate? Fortunately, the problems we anticipated did not appear.

"A follow-up evaluation of the program was not possible. Difficulties between hospital and university factions resulted in the termination of the new program two years later almost before it had been truly launched."

No coin is without two sides as Jeanie (Clark) Tronningsdal describes the events that culminated finally in the separation of the two schools.

"As I understood it from my association at a later date with Dr. Angus McGugan,<sup>4</sup> Helen Peters and Jean Lees from the beginning of the School of Nursing in the early 1920's, it was under the administration of the University of Alberta as was the University Hospital. This included both the degree and the diploma programs. I recall reading letters in the files that Ethel (Fenwick) Cooper<sup>5</sup> wrote about degree students to the other universities they had to attend in order to complete their last year. Prior to the appointment of Miss MacLeod in 1937 this was the responsibility of the Superintendent of Nurses. It appeared to me that very little guidance was given by the University to Mrs. Cooper in the handling of these students — for the arrangements seemed to have been made at the last minute.

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4. Dr. Angus McGugan was Superintendent of the University of Alberta Hospital.

5. Ethel (Fenwick) Cooper had been Superintendent of Nurses from 1926 to 1935.

“When Miss MacLeod was appointed, her responsibilities were confined to the first and fifth year students in the degree program whereas responsibility for both the degree and the diploma students during the clinical years rested with the Superintendent of Nurses at the University Hospital. There was a School of Nursing Council with University and Hospital representatives which reported to the Council of the Faculty of Medicine.

“It was this arrangement which changed in 1946 with the appointment of Miss Penhale as Director of the University School of Nursing. At the beginning of 1947 Nursing Education and Nursing Service were separated. All responsibility for nursing education, both diploma and degree, was transferred to the Director of the University School of Nursing. Responsibility for nursing service at the University of Alberta Hospital continued to be assumed by the Superintendent of Nurses.<sup>6</sup> The diploma students of this era were graduated from the University School of Nursing.

“With the exception of the Director, the Science Instructor and later the Educational Supervisor, members of the teaching staff for the basic programs received their cheques from the University of Alberta Hospital. In 1951 when I joined the staff, I learned that some of the instructors’ salaries were being shared on a one third and two thirds basis between the University and the Hospital. For others, salary arrangements were reversed — two thirds paid by the University and one third by the Hospital. Although many of the instructors didn’t care as long as their paycheques were forthcoming, some members of the staff were distressed over these divided arrangements.

“I am not suggesting that the principle was wrong. From an educational point of view it was progressive to have the University, rather than the Hospital, in charge of education. In any event, the reorganization had taken place almost five years earlier — though it could no doubt have been accomplished in a less trauma-

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6. See Appendix C for lists of title holders.

tic manner.

“In 1952 two diploma classes per year were being admitted to the Hospital. When the four-year degree program was introduced there was no addition to the teaching staff at the University to follow these students during the clinical portion of their program. They literally arrived at the Hospital, moved into residence and became the Hospital’s responsibility completely. The teaching staff of the Hospital School of Nursing had been briefed on the curriculum which was to be offered, but there was no staff increase to accommodate it here either. Imagine the problems in planning vacations for teaching staff when we had to cope with three new classes a year!

“During the latter part of the second year of this program and the third year, it was possible to schedule some courses with the members of the January class in order to minimize duplication of lectures. Even so, it is only in comparing our staff with the staff the University School of Nursing had available in 1966, that one realizes the herculean task thrust upon the teaching staff of the University of Alberta Hospital at the implementation of ‘the first integrated program.’ The concept was excellent but it was not developed with an adequate supporting budget. It is a credit to the members of the two classes who undertook the program that they stood up to it, for the schedule was rigorous.

“I am concerned with the implication that the Hospital was the stumbling block in the continuation of the program: it was very difficult to obtain and retain staff in the teaching department at the Hospital when they faced this kind of load.

“Dr. McGugan had not been happy with the responsibility for nursing education being transferred to the University School of Nursing in 1946. When the seriousness of Miss Peters’ illness became known in 1954, it was apparent that another senior nursing appointment at the Hospital would have to be made soon. He obtained the support of the Hospital Board in his proposal that

the responsibility for the education of the basic diploma nurses be taken from the University School of Nursing and assumed by a University Hospital School.

“Dr. Andrew Stewart, President of the University and member of the Hospital Board expressed grave concern about the plan. The formal separation of the two schools occurred in May 1954. Had different circumstances existed at the time, this major milestone in the history of the two schools might never have occurred. Once the Hospital Board had reached this agreement with the University authorities, I was asked to assume the position of Director of Nursing.

“The wise course of action as I saw it, was to try to mend bridges and go on, developing a sound curriculum, good facilities in the school and establishing the best possible environment that the budget would allow. The physical plant at the hospital was in a continuous state of renovation and expansion throughout my 11 years on staff.

“I felt privileged to work with outstanding nurses in both service and education, and the interrelationships which developed between the two teams were cooperative and harmonious. I left the University Hospital with satisfying memories after several real heartaches along the way.”

At the meeting of the Council of the University School of Nursing, May 1956, Dr. Walter Johns expressed regret at Miss Penhale's resignation. Dr. Cleve Amies was named acting Director of the School with Isabel (Reesor) English continuing in charge of Public Health courses. Ruth McClure became Director in September of 1957.

It is difficult to know all the details which resulted in the termination of the four-year program and the decision to place the diploma program under the Hospital Board in 1954. Perhaps as one graduate recently stated, the administration, the medical and nursing professions were not ready to receive or even fully ap-

preciate the philosophy, aims and objectives of the program which, in retrospect, is now viewed as progressive professional nursing education.

In September 1954 the General Faculty Council files record that the Committee on Nursing Education met to consider some reorganization of the two schools of nursing which had become necessary as a result of their separating the previous May. Affiliations were made with the University of Alberta Hospital and the Calgary General Hospital which allowed B.Sc. students who had completed the first year of the degree program at the University of Alberta in Edmonton or at the one branch of the University which was in existence in Calgary at that time, to take the clinical portion of the program at either of the two hospital schools. The agreement with the University of Alberta Hospital also provided that student nurses entering the diploma program at the University of Alberta Hospital would continue to register as University of Alberta students. The affiliation agreement with the Calgary General Hospital was discontinued at the request of that hospital in 1959.

The growing pains of the schools of nursing were no doubt troublesome, but they did nothing to dampen the spirits of the students of those years — if we can judge by two accounts from graduates.

“Anyone remember the class of February ’52? I do — with fond memories,” Sonja (Borstel) Loughnane says. Gleefully she recalls the stipend increase from \$10 to \$12.50 per month which began after the fourth month of training and continued for 32 months.

Memories of her clinical experience range from the boredom of making cotton swabs on “Mat,” mopping up the Utility Room when the sterilizer boiled over, and making radish roses and carrot curls in the Diet Kitchen, to others either comical or terrifying. There was George, the orderly who had a somewhat unorthodox enema procedure and the fourth-year “Meds,” purple with frust-

ration in attempting to start the I.V.'s; the Operating Room in July and scrubbing for Dr. Hitchin.

"Like most healthy youngsters they suffered from a 'hollow leg syndrome.'" She recalls the "goodies," both in that "other" kitchen and those Fanny supplied, Mrs. Gallagher's grape jam and green tomatoes, the prize corn from the University of Alberta's experimental farm that the student nurses boiled down by the river, and a turkey — one marvellous whole turkey that they nibbled on for three days.

And other happy times. Dancing at the Trocadera, skating at the old Varsity Rink, Lakeview on Saturday night, and three of them, Sandy, Leslie and herself hitchhiking to Seba and ending up with sunburns and blistered feet.

Then there was the question of just *what* were those engineers surveying outside the nurses' residence?

The other account dealing with the four-year degree program is from Ruth (Geddes) Elliott, B.Sc. Nursing, 1956.

"Twenty-five of us, representing each of the three western Canadian provinces crowded into a make-shift classroom at 'St. Joe's' to register in nursing one warm September morning in 1952. For a variety of reasons we had chosen to pursue an academic program in nursing. One member of our class was only 16 when she finished high school and she was too young to get into the hospital school. Another had made a compromise with her parents who 'wanted her to get a degree of some sort.' Several other besides myself were keen to taste the 'university life.'

"Our class contained ingredients which resulted in an interesting concoction. No one told us specifically that we were an 'experiment' in a new nursing program, but Miss Penhale laid it on the line very early that she expected us to perform at a high level. That expectation hovered over us during our entire four years.

"As 'probies,' two thirds of our class failed a Drugs and Solutions examination. Guilt! How we buckled down to study!

“We were somewhat out of step with the rest of the nursing students as our clinical experience began in May 1953 rather than in January or September as had been customary. Another thing that set us apart was that most of our class got to live out that summer in the Kappa Theta Fraternity House. It gave us the freedom to enjoy the best the summer had to offer.

“Having been involved myself with degree nursing education for the past ten years, when I look back, I realize what drive, dedication and commitment our nursing leaders had in embarking on such an innovative scheme as offering baccalaureate training in four years instead of five. Special reference must be made to Miss Helen Penhale for her courage and dedication in this endeavour.

“In the fall of 1953 our class was all housed in the first floor, south corridor of the nurses’ residence along with Jeanie S. Clark, Director of Nursing Services, Jean Lees, and Margaret (Lang) O’Byrne, Director of Dietetics. The proximity of so many authority figures consolidated our ranks for purposes sinister and otherwise. Those patient and tolerant women never complained about our continuous bed-frenching, room-shambling, unrequited love shrieking and swearing. (One of our group had talent.) We owe a debt of gratitude to those fine women who recognized our need to ‘let loose’ sometimes while at the same time offering us the best in professional guidance and direction. They certainly must have wished for an acceleration of our ‘developmental milestones’ but they never told us so.

“Our class gained a reputation for nonsense which delighted us. Every year we were invited to make a theatrical contribution to the infamous ‘Med Show.’ It was a challenge we accepted with great seriousness of purpose. We revelled in our glory when our most inspired dramatic production, a Greek tragi-comedy entitled ‘The Greater Omentum’ catapulted us to literary and thespian fame.

“In our educational preparation we were fortunate in having

some truly great professors: Dr. Rubin Sandin, Chemistry; Dr. George Baldwin, English; Dr. D. Smith, Psychology; to name but three. I recently unearthed some of my first-year English essays. Dr. Baldwin's comments were as pertinent as if they had been written yesterday.

"The hospital supplied us with some superb role models, both as nurses and as women. True, some 'overlearning' did occur, but some overlearned nursing concepts have proved immeasurably useful to me as well as to others. And in the nick of time!

"We also had the opportunity of working with orderlies, aides, physiotherapists, pharmacists, doctors and other health professionals who influenced us beyond measure.

"About every five years we hold a reunion. Our twentieth is planned for '76."

Polio epidemics came in seven-year cycles. One of the worst came in the spring of 1954 and did not abate until the fall of 1955. That particular strain of the virus attacked the respiratory system more often than not and most heavily involved persons in the late teens and into the middle thirties. Because nurses were in short supply, the services of volunteers to care for the victims of the disease were accepted. The effect of the illness made it necessary to develop new nursing techniques. A short course to this end was offered at the University of Alberta Hospital in 1954 as well as a short course in team nursing.

Fortunately none of the nurses at the University of Alberta Hospital who were caring for polio victims contracted the disease, although there was no protection for them or for the general public at that time. Salk vaccine was not available for another three years.

Because patients could not breathe without assistance, they had each to be placed in an iron lung, which was the accepted artificial breathing apparatus of those times, although it has since become obsolete. The patients lay flat on their backs staring at the



ceiling with only their heads sticking out of the iron lung. Mirrors were arranged to enable them to see what was going on in the room about them. Because they could not cough they all had tracheotomies so that their lungs could be cleared of mucous, but having had the tracheotomy they could not talk. In order to attract the nurses' attention they learned to click their tongues.

When conditions warranted, they were put in rocking beds. The motion of the bed sometimes encouraged a damaged diaphragm to begin working on its own, and it was a rest from the iron lung, allowing the patients to view their surroundings from a fresh viewpoint.

Isabel (Reesor) English recounts the involvement of students in the University School during the epidemic. It was found that students attending the University had responded to the call for assistance in nursing polio patients at the "Royal Alex" and were working there on night shifts, attending classes during the day. It was therefore decided to cancel classes, one week for the Public Health students and one week for Teaching and Supervision students. She and Miss Penhale also were involved in nursing care of polio patients along with some nurses from the Health Units in the Edmonton area.

A great many polio patients were kept in the isolation hospital at the "Royal Alex" until the spring of 1954 when the electrical set-up there was found to be inadequate. So many iron lungs were in use that they were overtaxing the system. Thirty patients were transferred to the University of Alberta Hospital, iron lungs and all.

An isolation unit was set up for them on 1st South, an old section of the hospital built in 1929. There was no provision for emergency power in the hospital in case of a failure. Should the power go out as it did three times in one afternoon, every hand available appeared from all over the hospital to man the hand pumps of the iron lungs. After several months, an emergency

power system was installed which automatically switched on if the regular power system failed.

Mindful of the seven-year cycle that the disease seemed to follow, the province prepared itself for the next onslaught by building a new wing onto the hospital in 1957. Dr. Salk, in the meantime, had perfected his vaccine. By 1960 a great many people had already been vaccinated and the disease cycle was broken.

The hospital's new polio wing had a unit set aside for the rehabilitation of 22 polio patients. The rest of the wing was put to use for paediatric wards, cardiac surgery recovery wards, orthopaedic wards and physiotherapy. As a result of the epidemic, Alberta began training her own physiotherapists. Previously trained physiotherapists had been recruited mainly in England.

Eileen Turgeon, Rehabilitation Supervisor, speaks warmly of the some of her polio patients, not merely as a professional nurse but as a long-time friend, and proudly recounts their many accomplishments in spite of severe handicaps.

"They are people who had made the very most of what they have," she says.

Two of them are accomplished artists, painting with brushes held between their teeth. They have received scholarships and get some money from the Foot and Mouth Painters' Association. One 74-year-old lady owns a stationery agency; two of the men bought a race horse; someone else has a business selling lottery tickets.

There is a data processing system two of them developed which employs other people besides its owners and does work for the hospital as well as other businesses. One of the men is chairman of the Para-Olympic Games, and with the help of the Canadian Legion, organized a successful two-week tour of Hawaii for himself and his ward mates.

In May 1955 there was an inaugural meeting of the University of Alberta Hospital School of Nursing Advisory Board which was to replace the Council of the School of Nursing.

The functions of the Board were:

1. To recommend education policies to prevail in the School of Nursing.
2. To approve recommendations of promotions within the staff and winners of student awards.
3. To make recommendations to the University of Alberta Hospital Board on matters for the improvement of Nursing Service and/or on Nursing Education Programs.

In an article published in *The Twelfth Street Beat*, December 1955, Jeanie S. Clark, Director of Nursing, says in part:

“The 1955 graduation exercises were the 30th held by the School of Nursing. The School had to that time graduated 980 students who were scattered to all parts of the world and who held many key positions in the nursing field.”

During the same time period, the number of beds had also grown, as is shown by the following list.

1914	.....	150 beds
1922	South Pavilion .....	70 beds
1927	Provincial Special Unit .....	75 beds
1929	South Wing .....	60 beds
1945	Mewburn Pavilion .....	290 beds
1951	New Wing .....	275 beds
1956	Poliomyelitis and Paediatric Wing .....	210 beds
TOTAL		1,130 beds

Student enrollment, which showed promise of improvement in 1951 with 297 students, increased to 328 students in 1953. It dropped again slightly in the next two years. The staff shortage was somewhat alleviated by a number of British nurses being

hired, however. Ruth Thompson, Associate Director of Nursing Education, in the University of Alberta Hospital's Annual Report of 1956 stated that the schools were accepting 120 new students per year, but in order to staff the new additions to the hospital, twice that number were needed. In order to accommodate that number of students, additional dormitory and classroom space would be required beyond even those additions and improvements now in progress at the residence.

February 13, 1956, marked a long step forward in working conditions for the nurse, for it was then that the hospital adopted the 40-hour week.

The right of the student to marry had been a bone of bitter contention between student and administration of the University Hospital School. In the past it had visited an unreasonable hardship on the student and resulted in the loss of many a good nurse to the profession. Permission was not granted for students to marry and if it was discovered that they had done so secretly they were summarily dismissed. Such incidents were fairly common.

At a full meeting of the School of Nursing Advisory Board in October 1957 the right of the student to seek permission to be married during her nursing studies was to be placed in the 1958-59 School of Nursing Calendar. At least one student who had resigned from her training to be married was permitted to re-register and complete her course with the class of February 1958. At the April 1958 meeting of the School of Nursing Advisory Board an entry in the minutes states: *"A student who wishes to marry and continue her nursing course must have written application and is advised to arrange an interview with the Associate Director of Nursing Education. Permission to marry during the senior year may be granted by the Nursing Administration if the student's progress in the school indicates that she is capable of carrying the extra responsibilities involved."*

In the Annual Report of 1958 Jeanie S. Clark, Director of Nursing, reported that conjoint examinations for graduation and registration were to be inaugurated in August 1959. She said that up until that time marriage had been the main reason that students left training, but with the change of policy they would now be allowed to remain.

1958 saw the largest graduating class in the history of the school up to that time. There were 105 of them, and a surplus of applicants sought training.

In the 1950's conditions of health care in Canada changed for the better. The Federal-Provincial Health Program begun in 1958 had profound effects upon health care and upon the nursing profession. Nursing education became more effective and the profession established closer relationships with governments and with other health professions.

In the late 1950's, under the direction of Executive Director, Dr. Helen Mussallem, the Canadian Nurses' Association conducted a survey evaluating a sampling of hospital schools of nursing across Canada. Although the survey showed that some schools had progressed, many of the long-standing problems in nursing education still persisted. The report recommended that the entire field of Nursing Education in Canada be re-examined. Helen Mussallem justified the need for the study upon a recently adopted policy of the Canadian Nurses' Association which stated, *'All nursing education should be under the jurisdiction of institutions whose primary purpose is education . . . . The belief that the control of nursing education should be under the jurisdiction of educational institutions is probably the one area of consistent agreement within the organized nursing profession.'*

In 1962 Dr. Mussallem conducted a study of nursing education in Canada for the Royal Commission on Health Services.<sup>7</sup> The

7. The Royal Commission on Health Services was established, under the chairmanship of Justice Emmett M. Hall, to investigate the costs of health services, the possibility of establishing community health centres and the role of the nurse in an expanded area of responsibility.

provincial nurses' associations, the Canadian Nurses' Association and many other nursing groups made submissions to this study. In 1964 reports of the commission recommended that, "*The education system for nurses should be organized and financed like other forms of professional education.*" Divergent views had been submitted to the commission regarding the control of nursing education. The commission chose a mid-line course advocating that:

1. The budget of the school be separated from that of the hospital.
2. The functions of nursing education be separated as completely as possible from the hospital nursing service.
3. The director of the school of nursing should control the school's educational program.
4. A new curriculum in nursing be formulated which would lead to a diploma in two years.

Several provincial governments acted with effective legislation upon the concept of the diploma schools of nursing being within the educational systems of the individual province. Other provinces followed suit.

Increasing numbers of two-year programs were established in colleges and other post-secondary institutions of learning. Some hospitals closed their schools, but continued to make a contribution by providing clinical facilities to the students and teachers of the new programs.

Advances have been made in Canada in the degree nursing programs even though the various university schools have had difficulty securing sufficient faculty members qualified at the master and doctoral level. The Royal Commission on Health Services considered it important that the university schools be rapidly expanded in numbers to prepare approximately one-quarter of the nursing force from which would come the instruc-

tors, administrators, supervisors and other leaders of the profession.

The commission recommended that the 14 existing schools be expanded and that ten new schools be established; that increased professional grants be made available to permit registered nurses to work for B.Sc. and Master's degrees in nursing, or to enable them to obtain certificates in Public Health Nursing. The commission further recommended, "*That all university schools of nursing develop an integrated degree program and direct all phases of this program. At least one university school in each of Canada's four regions should also develop a Master's degree program in nursing, one of which would be a French language school.*"



UNIVERSITY HOSPITAL STUDENT NURSES AND INSTRUCTOR IN THE EARLY 1950's  
EXAMINING A RESPIRATOR FOR POLIO PATIENTS



## ***CHAPTER 12***

### **NEW PATTERNS**

The nursing profession began to re-evaluate itself in the early '60's, both in the areas of nursing education and in the nursing service as it was across Canada at that time.

Because of the rapid increase in the number of hospitals being constructed in Alberta and the health insurance scheme which offered "free" health care to the entire population, with its consequent demand for greatly increased numbers of nurses which the schools were not able to train fast enough, ways had to be found for better utilization of personnel.

The rural districts, particularly, experienced a problem in nursing shortages. Persons who previously had not sought treatment were able to do so. The need for psychiatric nurses and auxiliary personnel was on the increase.

The professional nurses' associations attempted to reconcile the "service approach" of early nursing education with that of the "educationist approach" with its emphasis on higher education standards.

Since the end of World War Two student nurse enrollments steadily increased until at the end of 1960 the hospital schools were

nearly filled to capacity.

We break stride again to look at the University of Alberta Hospital School of Nursing through the eyes of one of her 1960 graduates, Annie (Kuczmak) Sjigren.

Of the 27 graduating members of the class 11 went on for further education. Three of them completed requirements for the degree B.Sc. in Nursing, but judging from Annie's account, their training days were filled with plenty of high jinks as well as hard work.

There was the mysterious one, Zorro, who spirited clothes and towels away while fair maidens showered. He also tied shoe laces together and vanished without a trace leaving his name inscribed in Nivea cream upon the toilet seats.

And then there was the surgeon of volatile disposition and flaying tongue who was the bane of the Operating Room. To think of "scrubbing" for him was enough to make any student tremble.

The Operating Room was hot one summer morning. He glowered over his mask and snapped, "Wipe the arm."

Should one really expect the student to know he meant the arm of his *glasses*? But perhaps if she hadn't thought he meant his *under* arm . . . .

Contamination! Lightning and thunderbolts!

Annie's account is filled with incidents, funny and loving and sad; their first day on wards when someone helped a patient brush his teeth with Brylcream; their first caps, presented at the Auditorium and worn all night with their pyjamas; the resident mascot, a guinea pig names Joyce; Dr. McGugan's tea party; long dresses, hats, gloves, and nerves; someone calling the Mounties when the students threw their shoes from the High Level Bridge; the bravery of the leukemia children; 27 bouquets of roses for graduation, and 26 roses for a wreath . . . .

Graduation, that crowning day of joy!

For many years the University of Alberta Hospital diploma

students had been presented for university convocation after they were recommended for graduation by the Nursing Advisory Board. Those in the January class received their diplomas at Spring Convocation. Those in the September class received their diplomas also, but they had to return them until such time as they had completed their three-year program.

In 1956 University of Alberta Hospital graduates no longer attended Convocation. The class of January 1957 was the last to do so. The diplomas after this time were provided jointly by the University of Alberta and the University of Alberta Hospital.

Graduation ceremonies were now held twice yearly in the Jubilee Auditorium. Formerly the graduation dress had been pink but it was hidden by the black academic gown; now the dress was white and each graduate carried a bouquet of roses.

The platform dignitaries included the Minister of Health, the President of the University, the Executive Director of the Hospital, the Director of Nursing and the Directors of Nursing Education and Nursing Service.

The invocation was given by either a clergyman or a priest, usually someone who was acting as the hospital chaplain. The graduands repeated the Florence Nightingale pledge in unison before each came forward to receive her diploma and University of Alberta Hospital graduate nurse's pin. When the official ceremonies were completed the Alumnae Association served tea to the new graduates, their friends and families.

During 1960 in response to suggestions for Improvement in the Schools of Nursing by the Advisor who visited the schools in the November of that year, changes were implemented in the records kept of clinical teaching which resulted in more detailed and accurate accounts recorded in a uniform manner. The clinical assignment to the Junior Block was reduced by one hour per week. The staff was increased and correspondingly the shift work for the students was reduced. More emphasis on Psychology and Sociol-

ogy was stressed in the pre-clinical area and attempts made to better co-relate classroom learning and clinical experience. In the Junior Block additional permanent instructors were hired and greater emphasis placed on medical and surgical nursing. An attempt was made to deal with the library's problems of irregular hours and books which disappeared by hiring a student "librarian" who was paid 75 cents per hour.

1962 saw more changes to the Nurses' Library. The area was renovated so that the books were in an enclosed area; a secretary was available for two afternoons a week in the library to offer clerical assistance, and student-nurse coverage was supplied to supervise the bookshelves.

In 1962 Jeanie (Clark) Tronningsdal resigned from the University of Alberta Hospital. She and Mr. R. Adhead went to Calgary to assist with the planning and development of the Foothills Provincial General Hospital which the Alberta government was building. It was to be a training hospital and Mrs. Tronningsdal became its first Director of Nursing.

Miss Geneva Purcell became Director of Nursing at the University of Alberta Hospital. Geneva graduated from the Royal Victoria in Montreal; obtained the degree B.N. from McGill University and M.Sc. from Boston University. At the time she took up her duties the University Hospital School of Nursing was taking in two classes each year, one in September and a smaller class in January.

Miss Purcell says, "We asked the Board for the privilege of having only one class a year because we felt we could improve the curriculum by planning to give the students a better sequence of learning than we had done previously. The Faculty was pressured with one class coming in and finishing their pre-clinical period and another class following immediately.

"The Board granted our request with the understanding that we would graduate at least 100 nurses per year. We had to enroll a

large enough class so that we could be certain of doing this. Because the national average withdrawal rate in nursing programs was 20% we had to enroll not less than 120 students to be assured of having 100 graduates at the end of the training period. If you look at the statistics for 1967 to 1970 you will see there were more than 100 graduates.

“One of my priorities was to develop a program which would allow the students sufficient time to carry a learning program which would be educational. Nursing used to be a kind of apprenticeship system. You learned by doing. The teacher taught her class to ‘do’ because *she* had to ‘do.’ You taught the student how to make a bed and how to give a hypodermic, and then you sent her out onto the ward and she was supposed to *know* how to do it, and with practice she became quite proficient, but she never knew quite *why* she did it.

“The main focus of the old schools was to get the work done. Procedures were taught as the least time consuming and efficient methods of getting a job done, and when well established they did just that. But there is a danger that a nurse begins to nurse the habit instead of the patient. In the same way today, with all the technology of the machine which can be attached to a patient, it is possible to begin nursing the machines instead of the patient.

“In order to consider changes in the educational program it was necessary to improve the staffing patterns in Nursing Service so that the student could be relieved of so much time on Nursing Units, especially evening and night rotation. It was a long, slow process, but curriculum changes did occur gradually.

“In 1967 Dorothy (Taylor) Aune of the Faculty of Nursing, returned after completing a Master’s degree at McGill University. She commenced a thorough review of the curriculum with a view to integrating relevant subject matter into what was now known as the ‘Clinical Science of Nursing,’ The clinical practice focused on the patient’s basic human needs. The student was also required to

develop responsibility for her own learning. This really set the stage for changes we were able to accomplish at a later day.

“The whole education system of nursing now tries to develop a thinker rather than a doer — ‘What is the patient’s need? How can I meet it? Why am I doing this?’

“Great stress is laid upon communication skills and on helping the patient work with the nurse as a team member. Students must learn to treat the patients as individuals. Frequently they have to change their approach when moving from one patient to another. We attempted to integrate knowledge which is meaningful to the student.

“The second concept we teach is that every patient is a member of a family, and every individual goes through a period of growth from birth to death. There are developmental changes that take place within an individual and that stress, whether it is emotional or organic, may cause the disintegration of health.

“The nurse needs to build her concept of care around what has happened to the patient; how he is to learn to live with himself or his disability; or how he may be rehabilitated.

“In the nursing program we are attempting to develop an individual capable of living with herself, with others, and one who is a responsible citizen.”

In 1962 a program was instituted at the University of Alberta Hospital which was to assist the staffing situation and eventually help relieve students of extra service.

Nurses were in extremely short supply. Married women who had their R.N. were being coaxed back into the profession.

The A.A.R.N. required that a nurse who had been inactive for more than five years spend time working under supervision in an active treatment hospital before being allowed to return to active status. In 1962 Dr. J.D. Wallace, Executive Director of the hospital, formulated a plan of nursing reserve consisting of married nurses who would be able to step in in times of need to

alleviate the shortage of nurses at the hospital. The reserve operated upon the same principles as the armed forces reserves. Dr. Wallace's plan was developed by Miss Purcell and Eva (Wheeler) Macklam, B.Sc. (Nursing) Alberta, who was appointed the Nursing Co-ordinator for the program. The program was later named The Nursing Reserve or "Wallace's Warriors."

Miss Purcell says, "Like most training hospitals of that time the student nurse was necessary to the staffing of the hospital. Therefore the needs of the hospital came ahead of the student's learning experience. The 'Wallace Warriors' were significant in the training program. They were the relief persons who intervened to stop the interruption of the students' learning experience. For instance, in the Case Room it was not uncommon for a student to be called off to some other area where hands were needed. In the Case Room the student was only an observer. There were always graduates on duty. Therefore it was not vital for the student to stay, but in being 'pulled off' she missed clinical experience. In instances like this the Nursing Reserve filled in and allowed the students to continue with their learning.

"When the reserve first began, five of its members would be used in the morning, five in the afternoon, and three at night. Now 45 are called every day."

Miss Purcell was responsible for a unique development in Canadian nursing education. The University of Alberta Hospital School of Nursing was the first in Canada to employ a non-nurse director who is a man. In speaking of how such a development came about Miss Purcell says, "When Miss Thompson, who was Director of the School, was reaching retirement we were looking for someone to take her place. I contacted all the Canadian nurses studying abroad, but each had some previous commitment. I advertised and searched for months, but no one was available. Then I thought of going outside the field to see if I couldn't find an educator to fill the post. There were people in Education who were

studying Administration. Administration *is*, after all, *administration* whether it be of a high school or of a hospital or a School of Nursing.

“That is how we got Mr. H. Chalmers. At the time he was completing graduate study in Education, in curriculum development. It was not difficult for him to make the necessary adaptation to curriculum development in Nursing Education.”

In 1963 almost all the big decisions of the University Hospital School of Nursing Advisory Board minutes deal with policies regarding married students. The policy as laid down in 1958 came under review with the decision that students could be permitted to marry during the second and third year of training at the discretion of the Nursing Administration. Permission for a married woman to begin training was to be considered on an individual basis. The Hospital Administration would be approached regarding the granting of “living out” allowances to married students, but it refused this request.

Maternity leave was granted to married students on an individual basis. The leave could be up to a period of one year, and, depending upon the individual circumstances, could begin during the second trimester of pregnancy. Medical expenses as a result of pregnancy were the student’s responsibility. Finally in February 1965 an executive ruling came into force that at the discretion of the Nursing Administration, or School of Nursing Administration, students might be granted permission to marry at any time during the program.

There was a gradual trend toward liberalization and improved working conditions. In August 1964 selected students were allowed to live out of residence, were granted an allowance of \$30 per month and had their medical needs attended to as did the married students living out of residence, although these got no living out allowance.

In September 1964 the University Hospital instituted the



“one class per year system” and in January 1965 the Pre-clinical and Junior Block students were granted the equivalent of a 40-hour work week.

Another need which was recognized and met in that year was the services of a full time counsellor to work with the students.

In December 1964 the library hours increased from 20 to 30 hours per week to accommodate those students who found difficulty in making use of the facility because of class and duty hours conflicting with library time.

The University of Alberta Hospital’s annual report of 1965 presented by Geneva Purcell, Director of Nursing, and M. Ruth Thompson, Associate Director of Nursing Education, reported that enrollment in the school had increased by one third, largely as a result of allowing a number of senior students to live out of residence. In 1965 the school graduated 102 students.

Geneva Purcell in the University of Alberta Hospital annual report of 1967 reported staff shortages so drastic that nurses were being recruited overseas. A consulting firm was hired to look into the causes of the shortages. They found that many married nurses could not practice their profession because there was no way of having their children adequately cared for during working hours. Toward the end of 1967 the University of Alberta Hospital opened a child care centre for the children of the hospital staff. The rates were reasonable and the resulting increase in staff eased the shortage.

That year, 153 students graduated from the school. The curriculum was revised and some adjustments were made in the entrance requirements.

In August 1968 at a special luncheon meeting Geneva Purcell presented a proposal for an integrated first-year school of nursing program which the faculty wished to put into operation in September 1971.

We quote from the proposal which says in part:

“It was the opinion of the Board members that an educational program which involved the student much earlier in patient care is desirable and in keeping with modern educational trends, but that cost and availability of suitable personnel must be considered.”

The students were charged tuition fees. The monthly \$12.50 honorarium as well as certain free equipment granted the students in earlier times was discontinued.

The changes came about as a result of a study, *Recommendations for Improvement of the School of Nursing Program*.<sup>1</sup> The following are excerpts from it.

*We believe, that while learning the basic skills of nursing in the clinical situation, early experience with patients will motivate the students to discover what forces have been operating that resulted in the patient's illness. The experience with the patient, his illness, and the measures undertaken to restore him to health, is a more meaningful relationship, and the students will be motivated to gain the practical knowledge so necessary for skillful nursing.*

*It is therefore proposed:*

- 1. To teach the basic principles and skills of nursing in the clinical situation.*
- 2. To achieve better correlation of content by integrating the lecture materials from Anatomy and Physiology, Pharmacology and certain aspects of Nutrition with Medical and Surgical nursing . . . .*

The changes would be Phase 1 of a total reorganization of the curriculum. Smaller class loads should be assigned to instructors because beginning students require much more support in the clinical situation.

The student-to-instructor ratio showed a steady drop; in 1961 it was 25 to one and in 1968 14 to one.

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1. Dated July 30, 1968, the study was conducted by Geneva Purcell, Director of Nursing, and the University of Alberta Hospital School of Nursing Staff. U.A.H. Archives.

At an executive meeting of November 1968, the curriculum changes were accepted and the program went into operation in September of the following year. The hospital charged the students a fee of \$100 per year. It continued to supply uniforms, scissors, pins, etc., but the students had to buy their own books. The living out allowance was discontinued.

In response to a brief submitted by the students, extended social privileges were granted; all students in the second and third years of training enjoyed unrestricted privileges. The first year students were granted automatic 1:00 A.M. leaves and four 2:00 A.M. leaves per month. They could sleep out before their days off and after nine months of training also enjoyed unrestricted social privileges. It was an honour system. Unrestricted privileges must not interfere with learning progress. Should the students prove irresponsible, the privileges would be revoked and first-year restrictions be imposed. A maximum of 140 students could be admitted to the first year of the program with 375 in the school.

Geneva Purcell in her 1968 annual report stated that in that year the school had produced 138 graduates and that the shortage of nursing staff had been considerably alleviated.

As a result of student demands the Hospital Advisory Board elected to allow student participation in all committees. MacLeod Club representatives now became part of all committees on Nursing, representatives being named by the club for the following committees: Policy, Procedure, Nursing Care, Library, Admissions, Curriculum, Nursing Advisory Board, Nursing Education, Nursing Service and Ad Hoc Committee on Medication Practices.

From an executive meeting, April 1970: "Since a 35-hour week for student nurses is recommended in *The Regulations Governing Schools of Nursing in Alberta*,<sup>2</sup> it was agreed that the possibility of initiating this in certain areas be investigated."

In the annual report of 1972 Miss Purcell stated that the

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2. Co-ordinating Council of the Universities of Alberta. Revised January 1970.

Faculty of the School of Nursing at the University Hospital had developed a new curriculum which would shorten the length of the Diploma Program in Nursing to two years and six months. Students would be admitted three times each year rather than once a year as formerly.

By June 1973 it was evident that the new shorter program was responsible for an increase in the school's enrollment. A fee of \$500 was required upon admission, but the School of Nursing had funds available for student assistance.

Dr. H. Chalmers resigned as the Director of the School of Nursing Education in August 1973 and his place was taken by Dr. Leslie Lewchuk, also a Ph.D. in Education. There were no female nursing applicants with adequate qualifications and experience to fill this traditionally female role, while Dr. Lewchuk had a good background for curriculum design and research.

Because of staffing difficulties 100 beds had to be closed at the hospital. Overall nursing morale was down. There was a strike at the "Royal Alex"; many nurses resigned and there was a rising failure rate in examinations and a general lowering of averages. Miss Purcell reported that there was a severe shortage of nurses right across Canada.

In 1974 at a full Board meeting the MacLeod Club requested that students be allowed to have male guests in their rooms in residence. Up to this time male guests had been allowed in the activity room and in the lounge until 2:00 A.M. Their request was granted by the Board as well as a request for an "open house" on Sunday evenings.

In November 1975 Miss Geneva Purcell retired as Director of the University of Alberta Hospital School of Nursing and her place was filled by Miss Mary Murphy.

Some enrollment comparisons between 1974 and 1924:

1924 Degree program	4 students
Diploma program	12 students

1974 4-year Degree program .....	158 students
Degree program for R.N.'s .....	194 students
Advanced Practical Obstetrics .....	16 students
Northern Nurse Practitioner .....	16 students
Diploma program, U.A.H. ....	150 students

Because clinical facilities are limited there are quotas on all programs. At the present time this results in acceptance for only one third of the qualified applicants for both the degree and diploma programs. The following is a comparison of fees:

1924 University tuition fee .....	\$70
Student Union fee .....	\$7
(Diploma students at U.A.H. paid no tuition)	
1974 University tuition, degree program .....	\$400 per year
Student Union fee .....	\$35 - \$40
Tuition, diploma program, U.A.H. ....	\$500 total
Student Union fee .....	\$21

In 1924 an allowance of \$10 per month was paid at the University Hospital. Room and board was provided. In 1974 no allowance was paid but room, board and uniforms were provided.

In speaking of the educational program for today's diploma students at the University of Alberta Hospital, Lee Cadman, Assistant Director of the School of Nursing, says that the 30-month program which was introduced in May 1973 was possible because the hospital had such excellent clinical resources that the school could do in 30 months what had previously taken 36.

Three specific areas which were integrated and interwoven throughout the course where they fitted best were Gynaecology, Nutrition, and Out-Patient experience. This type of integration saved the students' time. Another area where time was shortened was in Medical-Surgical practice which under the old system had taken up 48 weeks of the student's time.

Throughout the program students consider Abraham Mas-

low's study<sup>3</sup> on the priority of human needs in dealing with their patients. Maslow's studies are based upon the arrangement of human needs in a hierarchical order divided into five categories: 1. Physiological; 2. Safety, both physical and psychological; 3. Loving-belonging; 4. Self-esteem; 5. Self-actualization.

Students deal with patients within that framework, constantly asking themselves, "What are this patient's most important needs at the present time?" The nurse's role is one of assisting the patient to meet his own needs.

During the first six months of the program students learn basic nursing fundamentals, including Anatomy and Physiology and also carry two university courses. They spend four months in Parent-Child studies, the combined approach being a way of assisting the student to look at the family. They spend four months on nursing the adult where they learn something about the common health problems of adulthood. There is a one month "exposure" course in the Operating Room. It is a patient-oriented experience where the student follows the patient's progress from preparation for surgery right through to recovery in contrast to "scrub" nurse experience. The Emergency Department is a two-week experience for the students. Here they get the feeling of the medical team at work and it gives them valuable experience in setting priorities. Psychiatric experience uses eight weeks. The student is taught to consider the patient's total needs, physical and mental. There are two good active treatment wards in the hospital where students learn about caring for the emotional needs of adults.

In the intermediate stage of the program the student spends ten weeks in Medical-Surgical experience. This is a heavily service oriented part of the program.

The senior students have a one month acute care experience. It is also an "exposure" course, heavy on theory where the student plays the role of participant-observer. Mental Health nursing takes

3 Maslow, Abraham H. *A Theory of Human Motivation: Psychosomatic Medicine*, Vol. 5, pages 85 - 92, 1943.

up four weeks of the senior program with emphasis on the study of how mental health needs for various members of a family are met in a community. They spend a month in community mental health. For three weeks of this time they observe in some public institution such as a nursing home and for one week spend time either in the psychiatric day care centre observing group therapy sessions or a week in drug and alcohol abuse study.

For six weeks during their senior experience the students return to child-parent studies. Having had more life experience and more nursing experience they are allowed to focus on something of particular interest in this field. Interspersed through the senior stage are 18 weeks of Medical-Surgical nursing. It is possible to give each student a variety of experience in this field.

As students they are encouraged to be self-directed and upon graduation, encouraged to take responsibility for continuation of learning. The Faculty try to be facilitators for the student's own learning needs rather than teachers whose function it is to give out information.

At present the school takes in 50 students every 16 weeks and has been producing about 120 graduates per year.

Data collection is complete for evaluating the 30-month program. When it has been assessed some modification will likely be made.

The purpose of the program has been to produce a good, basic nurse, which Miss Cadman feels it has done very adequately.

Dr. L.L. Lewchuk, Director of Nursing Education at the University of Alberta Hospital School of Nursing, has extensive contacts with other nursing educators and has been instrumental in promoting conferences among directors of schools of nursing in Alberta. He recently wrote a report on behalf of all diploma schools in the province, six hospital schools and five community colleges, which, after conferring, reached a consensus on the standards of skills and competency required of a diploma graduate.

On behalf of the Faculty he also contributed to the *Alberta Task Force on Nursing Education*.<sup>4</sup>

Says Dr. Lewchuk: "Diploma nursing still has a place in the profession but its methodology and instruction must be constantly re-evaluated and upgraded. A program that appears to the public and to the profession as 'comfortable' is probably a stagnant program. Out of hassle comes progress.

"Nursing is a hard-core traditionalist occupation and that is a drawback to its progress. Tradition imposes a rigidity and changes come slow and hard. Each school tends to protect its own little world, its own little core, because each thinks it produces better nurses than anybody else. Nursing tends to be a narrow profession. It needs a wider base.

"Our school tries to teach students to be people first, and when we hire instructors they too must be people first. In other words, they are hired for their human qualities as well as for their competency as nurses and teachers. The U.A.H. program is designed to produce a general bed-side nurse prepared across five areas of health care. Nurses cannot be expected to be expert in all nurse-related areas. To do so would require seven to ten years of training, which in most cases would be unrealistic.

"The new two and a half year program is working as well as the three-year program did. It is more stressful and more complex, and because of the change, it has created more upheaval. Some revision is necessary, but that is to be expected. It lies somewhere between the old three-year program and the modern college programs in its integration of theory and practice.

"The University of Alberta Hospital is committed to a diploma program and believes in it. Its graduates are needed and have proved thoroughly adequate to their tasks. Of all graduates in Alberta, 81% are employed in active treatment hospitals. The school is dynamic, progressive and has an excellent Faculty."

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4. Alberta Advanced Education and Manpower, September 1975.



Dr. Bernard Snell, Executive Director of the University of Alberta Hospital, in speaking of the School of Nursing says, "Over the years the school has matured into a more academically oriented facility and less of a service facility. Thirty years ago it would have been difficult to find anyone articulating concerns about student nurses being abused and exploited. In fact they were, but in those days no one seemed concerned about it. The perception of what can be done, or what ought to be done by a student nurse has changed. There is very little exploitation left.

"The other change that has taken place is the recognition that student nurses are mature and responsible individuals. Over the years the rules governing their behaviour have been substantially relaxed, and so they should have been. It is interesting to think of the kind of rules that used to exist, again without any major objection on the part of the students. In today's society one cannot but wonder how they could have accepted those restrictions." He smiles broadly. "There is an apocryphal story that when I made my first visit to the nurses' residence when I came here 20 years ago I was shocked because the students were running around in babydoll pyjamas and I issued an edict that these were no longer to be worn. Of course it's only a yarn, but it paints a picture of a school of nursing where the students had regulations about even what they could wear to bed at night!

"The separation of the two schools in the mid '50's is an interesting event. Whether it was wise or not I don't know. Perhaps when we reach the new millenium after 1990 it will show up in better perspective. By that time both schools will be together again. However, it did show a clear separation in the minds of people of those days of the diploma channel and the degree channel of nursing. There are two separate groups now where there used to be only one. The University of Alberta Hospital School has been somewhat schizophrenic ever since, in that we have our own school and we have a degree school where the students spend

considerable time in the University Hospital.’’

Every nursing school has a uniform which forms part of its tradition and is unique from any other. The University of Alberta Hospital’s uniform was modelled on that of the Montreal General, no doubt because its first matron, Miss M. McCammon, was a graduate of that institution and brought its traditions with her.

The uniform consisted of a blue and white striped dress with a double bodice buttoned down the front. The double sleeves were fastened with four buttons and were tight from wrist to elbow. White, stiffly starched four-inch cuffs were fastened with dress hooks to the sleeve at the wrists. A stiff, detachable white collar was also worn. The dress was topped by a white apron gathered at the waist which was worn by the probationer students. In the second year a tucked bib was added. The shoes and stockings were black. Both apron and dress were nine inches from the floor and starched so stiffly that they crackled.

In her second year the student donned a pink dress with the U.A.H. crest woven into the fabric. The material was loomed in Scotland, and was costly. It was used until 1955. Students in the early classes were provided with patterns from which they were to make uniforms themselves. Any individual touches which the students might incorporate in their dressmaking were frowned upon.

Following a probationary period the student wore an oblong veil of white organdy. This veil was probably the result of the hospital having been staffed with nursing sisters during the war whose headdresses were also white organdy veils. Theirs, however, were square. The double bodice of the dress was hot and uncomfortable and the tight sleeves with their stiff cuffs were confining and impractical.

Gladys (Conquest) Macpherson, 1936, says, ‘‘Those long sleeves were smart looking, but for practical bedside nursing they were a continual source of annoyance. Regulations stated that the

student was not to be seen without cuffs or with rolled up sleeves, the only exception being when she was 'scrubbed' to change dressings. To be caught without them was to incur a severe reprimand. It was particularly unpleasant to have to assist body cast patients to use a bed pan and then have to wear the same uniform to the dining room for meals. When we were informed in 1936 that our uniforms would be cut off three inches above the elbow it was all we could do to keep from cheering."

Folding a veil properly took a bit of doing. They were made of yards of material folded diagonally to leave a two inch wide strip between the points of the triangle thus formed. The folded edge was turned back to form a band that went around the head so that six pleats of the loose veil could be contained. The veil completely covered the hair and was bunched to hang down the back. It was difficult to get them folded right when they came back flat and ironed stiff from the laundry, but they did look attractive. They were discarded in 1934.

An early graduate who asked not to be identified says, "During our first six months, like every other probie class, we were bareheaded and bibless which made us stand out most embarrassingly.

"At morning prayers we stood behind our seniors and our betters who looked so superior with their tucked bibs and white veils. Some of the veils were less than crisp, but still there was an air about them that suggested more than a hint of Edith Cavell."

The cap which replaced the veil was plain white with a gathered back like the cap of the Montreal General.

In the early years of the school the cap was earned at the end of the probation period signifying that the student nurse had passed her first hurdle of training and was accepted by the school. The capping ceremony itself went through a number of phases. In Miss Fenwick's time when the students had earned their caps they simply went and got them from the linen room. Later it became an

“event.” In 1965 the students received their caps in the Nurses’ Residence Auditorium. This was the first class to put away the old blue uniforms and don pink for capping. It was a candle lighting ceremony. Each newly-capped student was presented with a Florence Nightingale lamp. The students stood in a semi-circle around the auditorium and on the stage, their lamps supplying the only light.

In 1966 the Advisory Board and the Faculty favoured discontinuing the ceremony because it seemed inappropriate at such an early stage of a three-year program. The MacLeod Club was strongly in favour of retaining it and the Board decided that the students would be presented with caps at the end of that five month pre-clinical term in a much-simplified ceremony.

Presently the student wears a plain white cap throughout her training as part of her uniform.

For many years the tradition of uniform was strong. It denoted the student’s place in the seniority of the school. Prior to 1950 students did not wear a bib until the end of the pre-clinical course. At the end of the first year the blue dress was exchanged for a pink dress with the U.A.H. woven into the material, and at the end of the second year stiff white cuffs were added and the black shoes and stockings replaced by white ones.

Alice (Thompson) Cross says that the black shoes and stockings were “gleefully discarded.” It was a ceremony dear to the memories of many early graduates of the school. In the very early days the stockings were of unglamorous heavy lisle which wrinkled at the ankles. Even in later times when they were made of nylon they did little for the appearance of the shapely young legs they covered. When they could finally be discarded the students tied the stockings in one long rope, attached the smelly and well-worn black shoes which had tramped hundreds of miles of corridors, snake danced the entire issue to the middle of the High Level Bridge and cheered and sang as they threw it into the river below.

Students in the Operating Room and Case Rooms wore special uniforms, green and blue respectively. Their lunch hour was short. It was difficult for them to change, stand in line in the cafeteria, eat and return to their work area in the allotted time. The Nursing Advisory Board recommended that the basic dress be re-designed. Miss Jeanie Clark, Miss W. Nichol and Miss M. Scott from the linen room made up a sample dress which became the standard for students working in these areas. It was an A-line with belt and collar of the same material and white piping on cuffs and collar. It proved so popular that students asked that it become the official uniform and it was permitted for the summer months.

Briefly, a mandarin collar made its appearance in students' uniforms. It tended to choke the wearer and it was soon discarded.

In 1961 the new laundry opened. It had no facilities for hand ironing and the cap of those days required it. Miss Clark designed a new cap which was similar in appearance to the old but had six small tucks in the back instead of a gather.

In 1970 a dacron material in a solid, pale pink replaced the traditional pink material with the white monogram. The one remaining feature of the old days was the bar pin with the U.A.H. crest of green on gold. In that same year the bib and apron were eliminated from the uniform and in 1973 the stiff cuffs and collars also disappeared.

Present day students wear pale pink dacron uniforms with the U.A.H. bar pin, white cap, and white shoes and stockings throughout their entire training.



## **CHAPTER 13**

### **U. OF A. SCHOOL**

Under the Universities Act the Director of the University School of Nursing, in addition to her regular duties involved in administering an educational program, had added responsibilities as an *ex officio* member of the Committee on Nursing Education of the General Faculty Council. This body was charged with setting the regulations governing the Schools of Nursing in Alberta, and with planning regular visits to all of them to ensure that standards were maintained.

It was not until 1958 that a full-time advisor to the Schools of Nursing was approved and Miss Marguerite Schumacher was appointed to the position, which she held until 1966. The Director of the University School of Nursing was also charged with responsibility as Chairman of the Board of Examiners in Nursing, under the General Faculty Council. In 1966 there were legislative changes which affected nursing as well as other University disciplines.

The new Universities Act transferred responsibility for professional examinations to the newly-developed Co-ordinating Council, a body whose function was to bring about co-ordination

between the University of Alberta, the University of Calgary and the University of Lethbridge. The Committee on Nursing Education also became the responsibility of the Co-ordinating Council. Under the new Act the University of Alberta School of Nursing gained full autonomy with responsibilities and rights of a Faculty. No longer was it necessary for the School to report to University Faculty Council through the Council of the Faculty of Medicine.

Although enrollment at the University of Alberta School showed a large increase during 1963-64 the drop-out rate during the second year was extremely high. After studying the matter, it was recommended that the five-year program be dropped and replaced by an integrated four-year program to be offered in September 1966.

In speaking of the events which led up to the inception of the new program, Ruth McClure, M.P.H., Director of the University of Alberta School of Nursing, says, "The old degree program was often referred to as a 'sandwich program': one year university, three years hospital training, and a final year of university. This model was in effect from 1924 to 1966 except for the short period during which there was the four-year program developed under Miss Penhale. Although enrollment continued to increase, the attrition rate was as high as 50% in the second year of the program.

"What we had found in the old program was that the students enjoyed university life, but when they entered the clinical portion of the program they found difficulty in adjusting to a type of education so different from that which they had experienced on the campus. The time was ripe for change.

"On the Canadian scene at the time a number of four-year programs were being introduced in preference to five-year programs. In the new program which was proposed, students would be responsible for their own living accommodation throughout the four years, and all the Nursing courses would be taught by University Faculty members. The clinical component would no longer be



confined to one particular hospital; clinical facilities in the Edmonton area would be utilized, including community and Public Health agencies.

“It was our belief that a university program in Nursing should be as similar as possible to other professional degree programs on campus. Students should be mingling all the time with those of other disciplines. In the past, nursing students had been rather isolated. They had to live in the nurses’ residence, which separated them from other students on the campus. Under the new program they would be able to live at home or find their own accommodation in University residence or suites.

“In retrospect, the transition occurred fairly smoothly. A great deal of the time was spent by faculty members in interpreting the new program, developing affiliation agreements with health agencies and establishing sound working relationships with professional and administrative colleagues.”

Associate Professor Peggy Anne Field, M.N., says, “We had difficulty getting suitable clinical facilities and getting nurses to accept the students. It was a new idea, and as is common with new ideas, it was difficult to make people understand what was going on. I think they saw us as saying that we were going to produce leaders who were going to move in and take over, regardless of their lack of practice and experience. This is not what our statements were at all. The philosophy we were propounding was that we were preparing students to function as bedside nurses on graduation, but with the *potential* of leadership.

“One of our biggest problems was interpreting the real intent of the program, and smoothing the way for the students. Our first class were guinea pigs and they saw themselves as such.

“To decide what was to go into the program we looked first at what we believed nursing to be, and we tried to look at some of the needs. We looked at other baccalaureate programs, what they were doing, some of their philosophies. We did a great deal of reading in

current literature to determine what the trends were. We tried to pick support courses that were being offered on campus which would give the students breadth and an academic background. For example, we arranged for a course in Physiology shared between Nursing, Home Economics and Rehabilitation Medicine students. After the Introductory Psychology we needed something in Developmental Psychology, to support the course in Maternal-Child Nursing, so we searched in other faculties.

“For a suitable Education course we looked to that faculty because we wanted the students to get some of the principles of teaching. Many of *them* would be teaching eventually; both patients and students. We wanted them not to be ‘just doing it,’ but to be teaching from a knowledge base in such aspects as motivation, and how to approach the whole learning process.

Peggy Anne continues, “Certain trends have become dominant in nursing; research, for instance. We have introduced a course which emphasizes research appreciation into the program. There is a great deal of research in nursing coming out, but it takes training to be able to read it and interpret what it is saying. Students are not taught to be researchers, but they are taught to be intelligent consumers so that they can utilize research findings and so they can recognize researchable problems which they themselves might encounter; something about which they would be confident in saying, ‘Look, I see a problem in this area of my clinical experience. I think it would be a good subject for study.’ Then they can find the appropriate people for advice, but it is they who have had the idea and generated the interest.”

“Another important trend in nursing these days is that students go ahead much more quickly to graduate studies,” Ruth says. “It used to be that when a nurse completed a degree, that was thought to be sufficient. Now there is a trend developing across the country where students see that the baccalaureate degree is just the beginning, and there are other steps they can add in terms of

specialization or higher degrees.

“Students are not encouraged to go from a baccalaureate degree to a master’s program without having a year or two of graduate experience. They have to learn to take responsibility for themselves and be accountable for their performance. Students need a period to recoup financially too, after having completed a baccalaureate degree. Although, like other students on the campus, they are eligible for grants and loans, when they get out they don’t get into the high-paying jobs that other graduates do. In terms of paying back grants and loans it takes them longer. Nursing is still not one of the highest paying jobs. It takes a nurse four or five years to pay off a loan.”

In speaking more specifically about the program as it has developed to the present day, Peggy Anne says, “The basic course is the Fundamentals Program which is an introduction to nursing. At the outset of the program the students started off in the Good Samaritan and Norwood Hospitals. Here, in contrast to the acute care hospitals where they would see a different patient every week, they saw the same individual over a period of time so they were able to establish some kind of rapport and at the same time they learned some of the basic skills. They met the needs of the patients in helping them with their daily care, transferring them from bed to wheel chair, and so on. The student got the feel of what a nurse is with the emphasis being on communication and basic skills. After Christmas we decided to move the students out of that setting because they tended to become depressed working in an atmosphere where they did not see improvement in the patients. There were limited opportunities in the communication skills areas also so we got the students into rehabilitation. Then, in the summer time they went into a more active treatment area and it formed the bridge when they moved into their second year in the more acute care settings. This was only a four-week period, but it gave them a consolidated block of time when they were concentrating on nurs-

ing rather than on theory and it was a chance for them to apply the theory they had learned to the nursing of a patient. While they were doing the nursing they were taking Physiology and Human Anatomy and using this as a physiological base for looking at aging, and therefore looking at some of the types of care that were needed.

“A little later on we introduced home visiting. Each student had an older person who was mobile in the home situation. This gave the student a contrast between the older person who was in a nursing home and the older persons who were able to function in their own home. Many of the students hadn’t had grandparent-contact so that by only giving them the older patient in the hospital setting they got a very biased view.

“This was also a good place for the student to start home visiting because the older people tended to be shut-ins. They were glad to have company come in, and so the student had a very good chance of going in and establishing a good relationship in a home where she was welcome. At the same time it gave them an introduction to old people before they got a stereotype bias. Very often the same client will be carried the following year by another student. Some students maintain contact with ‘their senior citizen’ through all the years of their training.

“In the second year the student is introduced to the problems of acute care: the patient who has had surgery, the patient who has had emotional problems, conditions where the care is not so continuous and conditions where the student must be able to react to change. At the same time the other half of the class is doing Maternal and Child Health. This involves looking at the family and looking both at maternity nursing and at the sick child in hospital. There is a great deal of emphasis on learning about the child so that the child in hospital isn’t treated as a small adult but as a child who is sick and therefore has deviations from his normal developmental needs. The students always take Normal Developmental Psychol-

ogy, which gives them the normal parameters of the child and can be integrated into the Maternal Child course.

“This is a hard-working year for the students. They experience a cultural shock after the slow pace of the first year and the transition from first year to second with the increased pace and added responsibility is fairly traumatic.

“In the third year students go into advanced Medical-Surgical nursing and into Mental Health nursing. In Mental Health nursing the emphasis is on health with illness being a deviation from this pattern. With every patient who is ill there is a physical and psychological component, and we know that many illnesses in the hospital wards are psychogenic in origin.

“Both the medical and the surgical aspects of coronary heart disease are important areas of study. Diabetes also is a big problem in the community. It is not high in terms of death rate, but it is very high in terms of illness rate, so it is one area where it is important that students have a good perspective. We also try to give students experience with long-term cancer patients who need supportive care and where the family has to accept that one of its members has cancer. The student comes to realize that part of her task is to help the patients work through their feelings.

“The same is true with the question of death and dying. Students are introduced to it early so they can discuss it freely. They discuss their own feelings and attitudes toward death and how they will talk to their patients about it. It is necessary to accept death, the end of life, as normal.

“The focus of the third year is to build on the introduction the students have had to nursing and to give them depth and a broad perspective of common health problems. We try to give them a broader understanding of psychological needs and how to meet these needs, whether the patients are obviously mentally ill, or whether they are patients with physical health problems who are suffering from anxiety or any of the other states which one might

associate with mental ill health.

“In the fourth year the program moves into looking at some of the functional areas. The student has done home nursing in Paediatrics, and Medical-Surgical nursing too, but it was on a limited basis, so in the fourth year there is a strong Community Health component where the students are out in the community looking after families on a long-term basis. Previously they had only visited and assessed the effectiveness of their teaching in a home situation; now they move into actually doing the caring and being responsible for the family. At the same time we look at running and organizing a ward in the hospital because many of these students, after graduation, will be in team-leader positions where they will be responsible for planning and organizing care. Here the focus is based on the answers to the question, ‘How can you organize so that the patient gets the best care?’ This makes the patient the centre of organization. This is important because very often in the hospital setting the patient has to fit into the administrative pattern.

“We try to teach that the emphasis should be on what sorts of nursing care a patient needs rather than what is convenient for the staff. The simple approach to patient care is to divide the patients equally among the personnel but we are hoping to get the students to look at the *level* of care which is needed.

“Another major focus in the fourth year is to teach the student how to develop education programs. Many of them go into Public Health and will be required to organize pre-natal classes, or they might need to organize other programs, depending on the area in which they are working — health teaching in industry for instance. After they have had some experience and, hopefully further education, some of them may take teaching positions in schools of nursing.

“The research part of our program is new in that it has been added since the inception of the program. We also have a course in

Nursing History and Professional Nursing Trends; this examines the health trends in Alberta, in Canada and on a world wide basis.

“It is important to understand what we call professionalization; to have the students see that they are part of a profession and to have them look at the ethical problems in terms of legal responsibilities. This part of their education we have placed in the fourth year which is somewhat unusual in that History and Ethics are usually placed in the first year of a baccalaureate program. We deliberately put them later on the grounds that students have worked in a variety of settings by the fourth year so they are able to draw on the great deal of reading they have done in other areas, and many of the issues they have discussed are more meaningful at this point. The courses have changed and been adapted, and if we are to grow and develop, they will continue to change of necessity.”

Ruth talks about the program as it applies to those nurses who already hold an R.N. diploma.

“Back in the '40's the School of Nursing offered a program whereby registered nurses could gain expertise in special areas. There was a diploma course in Public Health Nursing and another for the preparation of teachers for Schools of Nursing. More and more these students continued at university to complete requirements for a degree.

“In 1970 the diploma programs were discontinued and a revised post-basic degree program offered to Registered Nurses from approved diploma schools. Although separate from the basic degree program, it too is an integrated one, offering courses in Nursing and in general education.

“In the last ten years the number of graduates from diploma programs seeking admission to degree programs has snowballed all across the country. This is partly due to the fact that in Canada the basic diploma programs have moved into educational institutions and graduates are encouraged to pursue higher education.

More are doing so than ever before.

“One of our difficulties in the School is that we can’t take all the applicants who would like to complete the post basic degree program.

“We are rather unique in Alberta in that we did retain the Advanced Practical Obstetrics Program, although this is a separate certificate program. Graduates may receive credit should they wish to complete requirements for the baccalaureate degree in Nursing. Presently this program is being revised and up-dated and today we are getting into the area of high-risk Obstetrics. In the areas of labour and delivery and in the high-risk nurseries, nurses need a better calibre of preparation. We’re going to try to meet these needs by offering two new courses as options in the baccalaureate program: the Nursing Care of the high-risk mother and Nursing Care of the high-risk infant, with a view to developing nurses with special expertise in these areas.”

Margaret E. Steed for a number of years was Advisor to the schools of nursing until she joined the Faculty as Associate Professor and Director of Continuing Nursing Education. The following is her statement on Continuing Nursing Education.

“Beginning in 1971 the School of Nursing, University of Alberta, initiated planning and activities related to the continuing education of graduate and registered nurses.

“The focus of the programming has been primarily to graduates of baccalaureate and higher degree programs and other special groups whose specific needs cannot reasonably be met through the continuing education offerings of other agencies and institutions.

“It is worthwhile to note the valuable assistance in programming which has been given by individual faculty members of the School of Nursing. Priority has been given to program development in line with currently accepted theories of education; i.e., programmed learning and self study programs emphasizing cur-



rent trends and issues in health care, realizing the need for the special preparation increasingly required by nurses including clinical expertise and research, and recognizing the importance of interdisciplinary education for health professionals.

“Realizing the potential of the School of Nursing and the related support and resources, nursing education will continue to expand and diversify as essential and appropriate.”

Kathleen Dier, graduate of the University of Alberta School of Nursing who spent several years with the World Health Organization before returning to Alberta to assume the position of Co-Director in the Nurse Practitioner Program, says, “The Northern Nurse Practitioner Program started in January 1972 in response to a request from Medical Services, Ottawa, for a course that would upgrade the clinical skills of nurses working in isolated settlements in the north. To bring this about, Miss Ruth McClure, Director of the School of Nursing, and Dr. Walter MacKenzie, Dean of Medicine, collaborated in what was to be a unique co-operative effort between medicine and nursing.

“Dr. Clifton Nelson, from the Family Clinic at the University of Alberta, was the first Medical Director and Miss Emmy Nemetz was seconded from Medical Services to become the first Nursing Director. In July 1972 she was succeeded by Miss Phyllis Craig. In September 1973 Phyllis and Cliff resigned and Dr. Sue Miller and Miss Kay Dier became the new Co-Directors.

“The program is 18 weeks in length with two classes each year. Because of the close clinical supervision required, only eight students could be accepted in each group. The candidates have nearly all been from Nursing Stations in the Northwest Territories, the Yukon and the northern areas of Alberta, British Columbia and Saskatchewan. They are often the only health personnel in the area and have to tend to the needs of their respective settlements with only telephone consultation between the irregularly scheduled visits from a doctor.

“In view of the responsibilities placed on nurses in the north the curriculum was designed to include practice in history taking, doing physical examinations and in minor suturing. Special emphasis was placed on the care of mothers and children and the treatment of common ailments such as upper respiratory infections, draining ears and diarrhea.

“The course has been well received. Although no formal evaluation has been done the reports from their supervisors has been very favorable. The nurses themselves feel that the program has given them the confidence they need to carry out the duties that they are required to perform.

“It has been a pioneering effort on the part of the School of Nursing and it would seem that it has contributed in no small way to improvement of the health care of the people in the north.”

In speaking of the Graduate Program, Dr. Shirley Stinson of the Faculty says, “It’s one thing for a school of nursing to provide B.Sc. programs; quite another to provide graduate programs. For one thing research is a major part of graduate programs; secondly, graduate programs require different types and mixes of personnel. Graduate programs must concern themselves centrally with being at the frontiers of knowledge development and the systematic testing of ideas.

“When our Faculty began thinking about establishing a graduate program we needed to decide where our beginning focus was going to be. We tried to look at national and regional needs and trends in Canada. Also, we had to decide whether or not we would focus on functional areas such as teaching and administration, or whether we would emphasize advanced clinical practice. Master’s programs were rare, and we didn’t want to duplicate. For example, the University of British Columbia was offering master’s programs in long-term illness, psychiatric and general medical-surgical nursing, whereas no Canadian school was preparing nurses as expert practitioners in primary prevention in community

mental health nursing. While the Blair Report<sup>1</sup> had emphasized the need for the development of community mental health programs aimed at prevention, the job market at the time for M.N.'s prepared in this area was not at all substantial.

“At the time we were in the initial stages of planning the M.N. program, there was a trend in the U.S.A. to educate clinical nurse specialists for expert practice in medical-surgical, maternal-child health, or psychiatric nursing. It was our opinion that patients do not easily fit such ‘pigeon-holes’ of practice and that it would be more sensible to focus upon ‘levels’ of care, such as acute or chronic care. Further, there was a strong economic reason why ‘levels’ made more sense: we felt that most Canadian hospitals could not afford to hire several sub-specialists, whereas the average general acute hospital could realistically employ at least one acute care nursing specialist. I did a provincial survey of the 15 general acute hospitals of over 100 beds and found there was an immense interest in employing nurses prepared at the master’s level to act as clinical nurse specialists, particularly in acute care. Thus, while recognizing the need for many different types of graduate programs, we finally decided to give first priority to developing an M.N. in Acute Care.

“In talking about the development of our M.N. program, it is of historical note that our Faculty had decided as far back as 1968 that when we offered a master’s degree, the main focus would be upon advanced expertise in *nursing*, not in functional areas such as teaching or administration. Specifically, we decided that graduate level nursing service administration programs should best be offered in an interdisciplinary health services administration program setting. In 1968, under the direction of Dr. Carl Mellicke, the Division of Health Services Administration (H.S.A.) of the Department of Community Medicine in the Faculty of Medi-

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1. Blair, W.R.N. *Mental Health in Alberta*, Human Resources Research and Development Executive Council, 1919.

cine, started an H.S.A. master's program, with four alternative choices of study: hospital administration, nursing service administration, social administration, and medical care organization. It was decided that a Nursing faculty member would hold a joint appointment with H.S.A. Division and teach the advanced nursing service administration in the M.H.S.A. program, and would also teach non-nurses in the program about trends, issues and problems in giving and evaluating nursing service in health care agencies.

“Dr. Meilicke deserves great credit for his initiative and foresight in developing the M.H.S.A. program, as do Ruth McClure, then the Director, and Dean Walter MacKenzie of Medicine, for their parts in recognizing the tremendous need to have senior nursing service administrators prepared in areas such as health care economics and health care organization, as well as in nursing administration (and of course research), in order to function effectively in the complex and changing health care system. This interdisciplinary H.S.A. program was the first of its kind in the world, and so far in the 1970's, about five new master's programs have subsequently been developed in the United States, largely upon the principles of the U. of A. Master's in H.S.A. model. The emergence and nature of the H.S.A. program is not all incidental to the design of our new M.N. program, for from the start, it was our aim to design each program to complement and strengthen the other.

“Our M.N. is a two-year academic program, with a heavy emphasis upon the development of advanced clinical nursing knowledge and skills, a heavy emphasis upon nursing research. Additionally, we design student programs so that they have the necessary supporting courses, that is, courses which help them develop their skills and knowledge in clinical practice and research, such as physiology and the sociology of organization. Beyond these fundamentals, each student's program is planned

individually. We try to optimize the linkages between the M.N. and M.H.S.A. programs. For example, most M.N. students take their general course work in health services research from the Division of Health Services Administration along with the M.H.S.A. students. They get advanced nursing research within their nursing lectures and clinical work. Similarly, M.H.S.A. 'nursing service' majors can take course work in the Faculty of Nursing as part of their graduate preparation. All M.N. students must do a thesis. This is very important in the preparation of clinical nurse specialists as they must know how to design studies aimed, for example, at testing ideas about improving nursing practice, even though they may not be employed to do 'research' as such. Some, of course, will go into full-time research, probably of an interdisciplinary nature because patient care usually involves many more factors than nursing. Some will act as expert consultants, as one of our Faculty's aims is to prepare expert practitioners at the master's level who will act as special consultants to nurses in the same way that the medical heart specialist can be a special consultant to a physician. Acute care nursing specialists can be valuable consultants to 'general practitioners' of nursing. Some will teach R.N.'s and B.Sc.N.'s on the job. And some will teach in universities and colleges. As we have just started, it's hard to say just where our graduates will go. But we are not worried about their being very saleable products.

"In talking about graduate programs in nursing, the business of research cannot be overemphasized. Nursing is a great art. We say, 'So and so is a good nurse.' But what is it that is different about what she does? We don't write down much about nursing. We don't tend to give sufficient attention to analysing what good nursing care is and what bad nursing care is. It bothers me to see nurses 55 or 60 years of age, very, very skilled, and to think nursing will lose that knowledge. Sound research training can help preserve and develop the art of nursing, not just the science of it.

“Secondly, in talking about master’s in nursing programs, I think we should be looking at such questions as how can nurses expand their abilities to comfort, physically, psychologically, and socially. There is a danger today of becoming mesmerized by the hardware, such as monitors and dialysis machines. I think we underestimate the importance of comfort to the patient and to his family. We are trying to teach our students to be rigorously self-critical and analytical about what they do, not just in their research but in their day to day nursing practice.

“I believe organizations are like people. They can expand and continue to grow, or they can grow to a certain point and then deteriorate. Historically, the three missions of universities have been teaching, research and public service. For 50 years we have been primarily a ‘teaching’ school, putting substantial effort also into the area of public service through workshops, professional organization leadership, and so on. But research has been another matter, as has been the case with most university schools of nursing. In 1969 there weren’t even two minor projects going on at this school. The Nursing Faculty has been involved in several major projects, and I think this research thrust must and will continue to grow. And not only by way of projects, but through workshops, research scholarships, and conferences.

“Alberta produces more nursing research than any other province except Ontario. I’ve just finished writing a chapter on the development of nursing research in Canada for a book to come out this Fall, and while I am encouraged at Alberta’s relatively solid standing in research, when I look at what is going on, say, in Scotland at the University of Edinburgh, I feel we have leagues to go.

“If we are to have a good school, then I feel we need professionals who are career people in teaching and research. We’ve got some outstanding ones here. It’s an exciting place to be, this Faculty of Nursing. There’s so much going on.” A smile

lights her warm dark eyes. “I’m just crazy about my work and I’m always behind.”

Ruth McClure says, “Our faculty has been trained in widely different places: Canada, The United Kingdom and the U.S.A. As a result we haven’t become inbred.

“Doctors still participate in the teaching program of the School of Nursing and it is fair to say that they have always had a very supportive and sharing attitude.

“One real advantage we enjoy here is a great deal of interest and support from the Faculty of Medicine. We are supported rather than hindered.

“We need to pay tribute to the Deans of Medicine: Dr. John Scott, Dr. Walter MacKenzie, and the present Dean, Dr. D. F. (Tim) Cameron. I have always valued their support and their sincere interest. There has been more interdisciplinary work with medical-health sciences than is found in some universities. For example, the very fact that the School of Nursing is housed in the Clinical Science Building and we share audio-visual and other teaching facilities within the Health Sciences Centre. Also, the Advanced Practical Obstetrics and the Northern Nurse Practitioner programs were co-operative developments between the Faculty of Medicine and the School of Nursing.

“There are so many who helped the school — too many to mention individually, but I will always be grateful for the support the Presidents of the university gave us. I have had the privilege of working with Dr. Andrew Stewart, Dr. Walter Johns, Dr. Max Wyman and now, Dr. H. Gunning....

“Although the school was under the Faculty of Medicine for many years, we were given the utmost freedom. We had our own Council and reported through the Faculty of Medicine to the General Faculty Council. The Director of the School of Nursing, however, had a seat on the General Faculties Council, on the Deans’ Council and on the Medical Faculty Council. When

changes in the University Act were brought about in 1966, the School of Nursing became completely autonomous; and in 1976, 52 years from the time the school commenced, we will become the Faculty of Nursing with a Dean at the head rather than a Director.’’



## **CHAPTER 14**

### **MEMORIES OF '74**

We have looked at the B.Sc. program through the eyes of the Director of the School of Nursing and some of the faculty members; now we look at it through the eyes of Mo McColl, class of '74, one of the 24 graduates of an original enrollment of 49.

“The first months of our training are hazy — registration, getting lost, cutting up cows’ eyes in Anatomy and Dr. Frew’s sex lecture. (Why did they think *we* needed extra instruction?) And then there were the Phys. Ed. types we shared a Physiology class with. They supplied distractions and kept class averages comfortably low.

“The day came when we dressed in white uniforms with all the trimmings and trotted off to the hospital. There, besides learning that it was possible for two of us to bed-bathe and dress a patient in less than three hours, we realized that it was not the sight of blood we must be prepared for, but the smell of urine — and worse.

“During our four years together our class took numerous ski excursions. On our first one, 15 of us jammed into two motel rooms in Jasper one weekend and lived on cheese and crackers.

The skiing was great but the town couldn't handle 15 fun-loving females, not even in groups of two or three. We decided to try Banff next time.

"Back at the school things kept lively in the clinical area. We were learning more skills — like needles. We picked partners and gave each other 'subcutaneous injections.' The bruises were there for weeks. After we had learned our home visiting and interviewing techniques the results were recorded on videotape. Great performances!

"During May practicum our class was scattered through W.W. Cross, Camsell, St. Albert, Stony Plain and Glenrose Hospitals. Ten of us moved out of residence and rented a house. That house was worth every cent of the rent even though it took us a week to move in and the landlord was always looking over our shoulders. Great moments like Lynn McCallum's Yorkshire pudding *à la flamme*. (You could call it an oven fire.) Somehow the police got into the act and a ladder kept moving around to various upstairs windows. And there was a party that started out as a casual class gathering and turned into our first all-nighter.

"When the class reassembled the following September the count was down in the thirties. Warning had filtered down. 'Beware the second year. Survive that and you'll survive anything.'

"This was the year of the big split; half of us into Med-Surg and half into Mat-Child, but regardless of which half we were in we had to adjust to spending all our free time and a considerable part of our sleeping time on the fifth floor of the Cameron Library. There were a lot of things to get used to, not the least of which was Barb Dobbie's snort and patients patting your hand and saying, 'Goodness, you look tired. Do you get enough sleep?'

"Clinical days for Med-Surg started at 7:00 A.M. It felt like a very early morning after a late night spent working on nursing-care plans. We learned that there were other people in the hospital setting besides the instructor, the patient, and the student. We had

to adjust to doctors and med students, to technicians and other patients. Med-Surg was a unique experience at Camsell. Because of the large Indian-Inuit population, both student nurse and patient have to make cultural adjustments. It is not easy to feed a patient raw fish without making a face, and the only means of communication is often only an impromptu sign language.

“During Mat-Child there were so many written assignments we suffered from writer’s cramp as well as physical, mental and emotional fatigue. During this term we had our Case Room and Nursery experience. We saw a baby being born. Although we stood behind a nurse who stood behind an intern who was assisting a doctor, it was a very exciting experience.

“During the term we were given a ‘Mat Mother.’ If we were lucky she would have her baby in the term and during the daytime. However, nature being unpredictable, most of us sacrificed weekends babysitting our phones. The fateful call generally came during the night, and somewhere an excited nursing student would be scrambling to a hospital hoping she could remember which elevator to take to the Case Room.

“By the end of the second year we had gained confidence. Technical skills were no longer so much of a problem. We learned a tremendous amount about growth and development and were competent with Denver Screening Tests. (Had to be. It was a terminal behaviour objective!)

“Despite hard work our class had an active social life. That was the year of frat exchanges. Dekes, Zates, and some great class parties, one at Patti Race’s and another at Maureen Yelle’s. Our Christmas ski excursion to Banff could more accurately be called Sleepathon ’71. Post-exam recovery period: 14 of us settled down in two motel rooms and had a great three-day sleep with a bit of skiing on the side.

“We had a commendable participation in the Nursing Undergraduate Society formal that year. Two of our classmates attended

in casts. Laurie McNicoll cheerfully spent the night talking and sipping a drink with her leg gracefully elevated to prevent edema! And Joan Darwish's date tried to sneak away from the pre-formal photography session without his shoes.

"Second year was also the first year of the annual N.U.S. curling bonspiel. Cathy Miller made a great skip; Emilie Dams a good third, and then there were Joan Darwish and I. We played together in second year and third but we never brought home the trophy.

"The psychiatric part of the program is generally reserved for the third year, but our class had a problem: a 'silence syndrome.' We made instructors and guest lecturers squirm because they could get no 'spontaneous verbal reinforcement' from us. So we had a session, students and faculty and psych. profs, and talked it out.

"In May, seven of us moved into a private home (minus parents). That house will never be the same again. Those were the days of large-scale water fights. No playing around with water pistols, pails of water are more effective. An older brother moved in with us too. He'll never be the same again either.

"That year we had three months of Obstetrics; babies were in demand, but Edmontonians wouldn't co-operate. Peds had its frustrations, too. Sylvia Perin spent one entire shift with a little kid going at both ends and howling his head off. She changed his bed, his diaper, and washed him off, and changed his bed, his diaper and washed him off, and by the end of the shift she was howling too. But things weren't always that bad. Cathy Miller invited the class to her parents' cabin at Seba Beach one weekend. We managed to behave until we did dishes, then we erupted into the most spectacular ice-cube fight on record.

"Third year was the year of Senior Med-Surg and Junior Mental Health. It was also the year of the great intramural water polo team and an unforgettable basketball team.

"By third year we were beginning to feel more comfortable in

the clinical areas. Those were the days of green history sheets<sup>1</sup> and more green history sheets. The girls fortunate enough to be on Stations 41 and 51 had an advantage over the rest of us. They met every med. student, intern, resident and staff doctor that set foot on the two wards. Mrs. Aune's favourite line was, 'I'd like you to meet my students.'

"Mental Health defied description. What can you say about 14 people sitting in a room for an hour and a half and no one saying a word? But there was more to it than that. At the end of the year we had to come to an agreement on what mark we should attain. In conjunction with clinical experience we did home visiting. Originally it was home visiting to patients, but the concept was considerably expanded toward the end of the third year. There was a fairly regular team of home visitors, the keenest probably being Shirley Cox.

"Third year was the era of all-nighters and almost all-nighters, and a great year for ski trips. The expedition during Reading Week was the greatest of them all. We crowded into motel rooms in the usual manner and had several transient guests occupying the remaining floor space.

"In the May practicum of third year most of us were fortunate enough to visit Henwood where, among other things, we learned a great deal about volley ball, which is part of the therapy. In addition to Henwood there was community-agency visiting, emergency, Station 55, and experience teaching first-year students at Fort Saskatchewan. Two weeks were also set aside for a camping experience. Originally it had been planned for the N.W.T. but the plan was modified to two weekends at Pigeon Lake. There were long walks and terrific sing-songs and a going-away party for Emilie who was heading for Africa. Rundle Mission had a pump organ, and on the last rainy, windy night it burst into music with a

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1. Patients' case histories, which students were required to keep up to date.

resounding back-up percussion of pots and pans. The six-member band performed until 4:00 A.M., then collapsed in disappointment at gaining no rebuttal. Meanwhile Joyce Conway attempted the impossible: to maintain the fire, to get some sleep and to cling to her sanity.

“September ’73 rolled around and found us registering in old CSB 3-101 and greeting each other. When classes began we were soon weighed under copious assignments. Many of our fourth-year classes were student-planned. A variety of guest speakers gave us an assortment of interesting information. For example, how to conserve water by putting a brick in your toilet!

“Half of us were in Ward Management; half in Community Health. Ward Management included 12 clinical days, the intent being for us to team-lead. At times it seemed that all we did was to stand in the way and let people trip over us, but we were useful for making out staff assignments. There was the odd slip-up. One day a patient on 55 didn’t see a nurse until 3:00 P.M. when Roseanne Burden rushed in to straighten the bed and attempt an explanation.

“There was a slide tape presentation created that term. The best slide tape presentation ever done in the School of Nursing. Also the only one.

“During our Community Health training we had to teach a prenatal class. It was a traumatic experience. How do you explain to parents and boyfriends why you are attending prenatal classes?

“We spent January immersed in books in preparation for those horrendous R.N. exams. Then we spent twelve half-hours pencilling in little slots on IBM sheets which determined what kind of nurses we had turned out to be. Classes went on afterward. Assignments were done and papers written, but we all felt apathetic.

“Priorities shifted a bit. There were plans for holidays to exotic places and orders for school rings and grad pictures. Everybody had a good time at the annual N.U.S. formal although Jody

Moloy had some difficulty explaining a black eye and three stitches. And there was a mystery that spring. What possessed Sandra Albus and Mary Anne Hauck to jog every day in the Phys. Ed. Building?

“The fourth and final year rolled to an end too quickly for any of us to appreciate. Graduation was upon us and thoughts of jobs and marriage.

“They were great years filled with learning and growing. I’m proud to be a member of the class of ’74.”





## ***CHAPTER 15***

### **GROWING PAINS**

Unlike the University Hospital School which had one central location within the hospital plant, the University school has had a history of moves about the campus.

When Agnes MacLeod became Director of the University School of Nursing in 1937, she had an office in the old Medical Building. Later she moved to quarters in the east wing of St. Joseph's College, which was a men's residence. This was the first move for the School of Nursing. It has moved three times since.

Helen Sabin recalls taking Public Health from Agnes MacLeod in "St. Joe's" in 1937. It was there that most of the lectures in the final year of the old degree program were held.

As a student, Ruth McClure remembers the Public Health classes taught by Helen McArthur in one of those small rooms. There were eight students and the atmosphere was very informal.

"Helen used a 'discussion method' of teaching," Ruth says. "It was a new approach; so new that Ruth (Stephens) Gilchrist, B.Sc. '42, wondered if Helen had really mastered her subject. When questions were posed she never provided a pat answer, but directed the question back to the individual or the group. It took

some time for students to realize that they were required to think for themselves and to engage in problem solving.”

Isabel (Reesor) English, B.Sc. 1942, has happy memories of “St. Joe’s” as a student and later as Assistant Professor in Public Health Education:

“Sometimes nursing students coming in for the 8:00 A.M. classes ran into partially-clad male residents in the corridors of St. Joe’s. Classroom and office accommodation was cramped and out of the way, but there was a closeness between teachers and students which has extended over the years. And many a romance started down in that cafeteria.”

The cafeteria served as an extension of the classroom, too. Discussions between students and instructors continued through coffee breaks and mid-morning snacks. Kay (McKnight) Bailie, B.Sc. 1952, and Pat McMillan, B.Sc. 1951, had many informal sessions with students in the Teaching and Supervision classes. Noise from the gym downstairs often disrupted sessions in the large classroom and the incinerator outside spewed smoke and smell. Margaret (Jackson) Campbell once remarked, “Hardly a good example of environmental control for students in Public Health Nursing.”

In 1960 the School of Nursing moved to the fifth floor of the new extension of the Medical Building, one of the most gracious buildings on campus. The new addition was larger than the original building and housed the Faculties of Medicine, Pharmacy, Dentistry and the Schools of Rehabilitation Medicine and Nursing.

At last each faculty member had a comfortable office of her own and a congenial relationship existed among the group. Betty Harrington’s office became the unofficial meeting place for faculty coffee breaks even though it was occasionally visited by mice which had wandered away from biological research experiments. Marguerite Schumacher, appointed in 1958 as the first full-time Advisor to the Schools of Nursing, also occupied one of the offices

there. In the “Med Building,” Nursing was closer to other faculties in the University, but the stay was short-lived. The Faculty of Medicine was expanding rapidly and they needed the space. Once more it was back to the drawing board with architects, planners and engineers — this time to redesign space in the old Education Building which later became Corbett Hall. In 1964 the School of Nursing, the School of Rehabilitation, the Department of Drama and the Department of Extension occupied Corbett Hall, an old building which had charm despite the problems with its heating system. The School of Nursing and the Department of Drama jointly developed a lounge and coffee room which had a rug on the floor, one of the first coffee rooms on campus to be so luxuriously equipped. True, it was only indoor-outdoor carpeting, but still. . . .

The association with the Department of Drama was an enriching and interesting experience for the students in Nursing, who tended to be serious and conscious of decorum. The drama students were free and easy. Sometimes it was difficult to know whether the behaviour and attire of the drama students was “for real” or part of a rehearsal.

The planning of the new four-year integrated degree program took place in Corbett Hall. At a special meeting of the Council of the School of Nursing in August 18, 1965, it was moved that “the new four-year program be accepted and that the School of Nursing proceed toward implementation of the program by September 1966.”

In 1967 the School of Nursing was on the move again. The University had begun the Health-Sciences Complex, the first stage of which was the 13-storey Clinical Sciences Building south of the hospital. The School of Nursing moved into the third floor of the building. It was now in close proximity to the clinical aspects of Medicine, Medical Education and to the University of Alberta Hospital.

As enrollment increases and new programs develop, the

school is once more experiencing growing pains.

A smaller growing pain at the University of Alberta School of Nursing was its attempt to design a distinctive uniform for the students of its new four-year basic program.

Under the old program, B.Sc. Nursing students wore the University of Alberta Hospital's student uniform during their clinical years. When they graduated they received a green and gold graduate's pin from the University of Alberta School of Nursing. Members of the class of the new basic degree program chose a new pin for their 1970 graduating class. The pin is octagonal in shape, gold, and with a plain border. Inscribed in gold on a white circlet symbolizing the cap are the words UNIVERSITY OF ALBERTA SCHOOL OF NURSING. In the centre of the pin is Alberta's provincial flower, a stylized pink enamel rose.

For a wry description of the first uniform worn by that class we have the following account by Judy Weir.

"The first few classes of the four-year program were blessed with a new uniform. The dress was a white permappress cotton with a V-neck and rolled collar, straight skirt, a cloth belt and the University of Alberta crest on a shoulder patch. The belt folded upon itself for all but our skinniest classmates. Some of the rest of us looked like a sack of potatoes tied in the middle. The most fascinating aspect of the dress was the front snap fastenings from neckline to hem. They had a habit of popping open from the bottom when the wearer gracefully crouched at the bedside to check a urine bag or drainage bottle and snapping open from the top when a youngster in paediatrics grabbed at the neckline. In 1970 students participated in a 'change in uniform policy' so that now, subject to some restrictions, any white uniform with the shoulder patch can be worn.

"Probably the most distinctive part of the uniform is the cap, a white circlet open at the crown. The cap is easy to keep and store but we were ribbed by staff and patients who dubbed our headgear

‘haloes,’ and on one occasion, ‘that ashtray on your head.’ The caps were difficult to anchor, particularly to short hair. Once mine fell off and rolled the length of a ward corridor while I tried to look nonchalant as I scurried after it.’



A STUDENT OF THE MID 1960'S DEGREE PROGRAM GIVING CARE TO PATIENT IN THE GOOD  
SAMARITAN NURSING HOSPITAL

## ***CHAPTER 16***

### **B.Sc. GRADS**

The philosophy of nursing education has changed a good deal over the 50 odd years that span the history of the School of Nursing. In the early years the nurse was expected to be obedient, passive, pleasant and deferential to all authority. The very term “nurses’ training” indicates the bending of the will to that of another. Today the term is “clinical experience,” which carries with it the connotation of the student gaining skills and knowledge for her professional development.

While it is true that the majority of the instructors in the early days of the school were not only splendid nurses, but warm and compassionate human beings, as many personal accounts testify, there were martinets among them. No doubt these women were only mirroring the treatment that they themselves had received as students, but that did not make them any the less terrifying.

The student’s learning experience in the present day is very different.

Clinical Teaching Sessions are where a great deal of the learning takes place. Each day the class and its instructors meet in an unstructured, informal discussion. All problems and concerns

encountered by the students that morning in the clinical area are dragged out for a 'round-the-table threshing. In a typical session, everybody takes part; all antennae are out. All studies and thoughtful observations are brought to bear on a problem any one of the group may present. There is a tremendous outgoing attempt on the part of the whole class to understand everybody involved.

The emphasis is always on the ways in which the patient might be helped. When it becomes apparent that part of the patient's problem is that over-protective relatives will not let him struggle to help himself, the emphasis shifts as to how the patient's relatives might be helped.

The students are candid in their opinions. They feel no need to guard themselves. The session we watched was punctuated with healthy laughter.

The instructor spoke gently, laying stress on peoples' rights and feelings: "Doctors are concerned with health. That's one of the reasons they go into Medicine, remember," she says in response to a challenge. "When they find it is impossible to help, sometimes they withdraw from what is unpleasant and inevitable. They're human, too. But I believe you are right to question the decision. That's the thing: *be* right, then don't be afraid to speak up. You are an intelligent young woman; you have a deep concern for your patient, and what you think *does* matter."

Said Ruth McClure in discussing the program, "A great many of our students teach after graduation and others work in public health. In that field particularly, they often work alone. They need to be self-reliant and our course attempts to help them to become so.

"It might be interesting to look at what the graduates of our first four-year program have been up to. They have a reunion coming up in a few days."

Perhaps no profession is as unique as nursing in the friendships which developed among members of the same class. Nurses



often keep in close contact with former classmates and count them among their closest friends. They keep up a large correspondence and travel thousands of miles to attend class reunions.

The class of '70 is no exception. One by one they arrive for a reunion coffee party on a beautiful August morning. They squeal with joy at the sight of each other, embrace, compare offspring, and shout with glee at "in jokes" out of their student days. They are beautiful young women, vibrant with life, intelligence and humour.

So, what *have* they been up to?

For starters there was the Northern Nursing Program in which the School of Nursing, in collaboration with the Faculty of Medicine, entered into an agreement with the Department of National Health and Welfare. Five graduates of the baccalaureate program were hired for the summer months to work in northern outposts with the hope that they, or others like them, might become interested in this type of service.

Although none chose the north, the notes they kept on their experiences that summer seem startlingly vivid. Pontoon planes, black flies, flowers on the tundra, ice floes on the Arctic Ocean, the poverty of the smiling Inuit . . . .

Mary Patton worked at Rankin Inlet and Eskimo Point that summer.

"It was super," she says, "In two weeks the resident mid-wife had me believing we were capable of anything. We delivered babies, sutured wounds, took X-rays, diagnosed illnesses and treated them. All the population was Inuit except for a very few whites. Our janitor was a native. He was also our interpreter and our snowmobile pilot."

Pat Porterfield tells of a two-year-old Indian child horribly burned in a cabin fire. He had all strikes against him, including the fact that he could not communicate. But his condition stabilized. He was flown out to the Charles Camsell Hospital for skin grafting

and returned to his people, thanks in large measure to the initial care he was given.

Since graduation Pat has travelled Canada from "top to bottom and from coast to coast." Presently she is instructing in psychiatric nursing in Halifax, N.S. For the past two years Mary Patton has been instructing at the Foothills Hospital in Calgary.

Nancy Hutton worked for the Victoria Order of Nurses in Winnipeg and instructed in the Medical-Surgical field and in the care of the critically ill in Vancouver. Presently, she is bound for a master's degree, probably in the U.S.A. She praised the program at the University of Alberta, whose calibre is such that its graduates are able to enter the most prestigious schools for advanced study.

Not all of Alberta's graduates wander the world. Judy Kiniburgh counsels mothers in Well-Baby Clinics right here in Alberta. Marg Bonerz was a counsellor for Manpower in Drumheller, then did Public Health work at Hanna. She has helped set up a psychiatric counselling service, done home nursing, did follow-ups on cancer patients, organized a geriatric drop-in centre with the aid of an L.I.P. grant, taught pre-natal classes and Mother and Child post-partum, worked for the Lethbridge Health Unit and is presently teaching in the Lethbridge Municipal Hospital. And somewhere in there she found a year off to have a baby!

This sampling of the class of '70 does not necessarily deal with those who have the most dramatic stories to tell, but it does indicate how well-realized are two of the basic objectives of the University of Alberta School of Nursing's program: to prepare leaders in community health agencies, and to provide a foundation for the student's professional advancement in graduate study.

## **CHAPTER 17**

### **THREE DEANS OF MEDICINE**

Dr. John Scott has been associated with the University of Alberta, either as a student or a Faculty member since 1915. He joined the staff in 1923 and for some time was Dean of Medicine, retiring in 1959. Some 17 years later he still maintains an active practice and is on the courtesy staff of the University of Alberta Hospital.

At the time Dr. R. Newton was president of the University, Dr. Scott chaired a committee whose purpose was to change the curriculum for nursing education.<sup>1</sup>

Dr. Scott says, “The thing that concerns me today is that nurses are becoming more and more ‘doctors’ and the people who do the *nursing* are the nursing aides. I’m sure there still are dedicated nurses, but a great many of them only come around as executives and keep records.” Dr. Scott maintains that the division of the two Schools of Nursing in Dr. McGugan’s time was a good thing.

Dr. Walter MacKenzie says he has warm memories of his association with both Schools of Nursing. The task of making a

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1. This later became known as the Committee on Nursing Education.

patient well is a team effort between the doctor and the nurse, he declares.

Dr. MacKenzie supported the School of Nursing in becoming a discipline in its own right separate from the Faculty of Medicine. He has had a great deal to do with nurses, particularly in the surgical field because for many years he was Chief of the Surgical Department and Chairman of the Operating Room Committee.

Although he says it is too early to look back and make judgments, he feels that when both Schools of Nursing were one organization there were some definite advantages, the educational component of the program being emphasized on the university side and service being emphasized on the hospital side. Instructors in basic sciences and those in clinical sciences were able to get together to set up a curriculum. The university instructors could move with ease into the University of Alberta Hospital to give clinical instruction. As soon as the two Schools separated, there was a duplication of effort, he points out. Teaching done to both groups separately could have been combined if the two groups had remained as one. The University of Alberta Hospital School had to look for people who could teach basic sciences and the University of Alberta School had to search for clinical opportunities for its students. Although both Schools have done very well separately, Dr. MacKenzie feels that they might have done even better had they remained one organization.

Some of the people Dr. MacKenzie particularly mentioned were Helen Penhale, instigator of the first four-year program whom he termed "a remarkable woman." Another was Christine MacKay, Supervisor in the Operating Room. "She had everybody scared of her when they first met her, but you soon realized that she was a fine person with a great deal of experience."

Geneva Purcell he mentioned as one who contributed a good deal to the quality of nursing care. In her quiet, persistent way she was responsible for making the Board and the Administration see

that she did not have enough nurses to give the patients good care. The situation was remedied over a period of time.

Ralph Coombs who had trained as a psychiatric nurse in Ponoka and who later became the chief nurse of the O.R. at the University of Alberta Hospital, was someone else Dr. MacKenzie spoke of with admiration. Mr. Coombs also did work in Central Supply and at last went on to administration work in other hospitals in western Canada.

Two other persons Dr. MacKenzie warmly praised were Dr. Bernard Snell, Executive Director of the University of Alberta Hospital and Miss Ruth McClure, Director of the University of Alberta School of Nursing; the former particularly for his ability as an administrator, and the latter of whom he says, "She is a quiet, self-effacing woman who is a distinguished nursing educator.

"I feel that the partnership between Medicine and Nursing is an important one. The nurse is the doctor's greatest ally in the care of the patient.

"The University of Alberta Hospital has been a great institution," Dr. MacKenzie says, "and in my opinion there have been two great nursing Schools, both the Hospital and the one connected to the University."

Dr. D. F. (Tim) Cameron, present Dean of Medicine, says, "I came upon the medical scene when Miss MacKay was the Operating Room Supervisor, and as Dr. MacKenzie indicated, she did run the place with a will of iron. The charge nurses really taught the medical student how the hospital ran. I think I learned as much from the nurses as I did from the Faculty."

Dr. Cameron points out that there has been very little change in Medical Education in a century while in contrast Nursing Education has fluctuated violently from one extreme to the other.

"We were just beginning to accept the idea that nurses should be prepared at the junior colleges. Now the thinking is that the professional nurse should hold a degree. They haven't finished

making one change before they are making the next.

“The nurse seems to have put all sorts of persons *between* her and the patient, nursing aides and so on, who tend to keep her away . . . In the old days there was the doctor, the patient and the nurse. Now there are something like 90 persons involved in the basic relationship, and I think nurses haven’t come to grips with what their role really is.

“Both the University School and the Hospital School here are first class and are widely recognized as such. I think that at some time the two Schools will again become one. The development of the new Health Sciences Centre and the *Task Force Report on Nursing Education* will speed their merger.

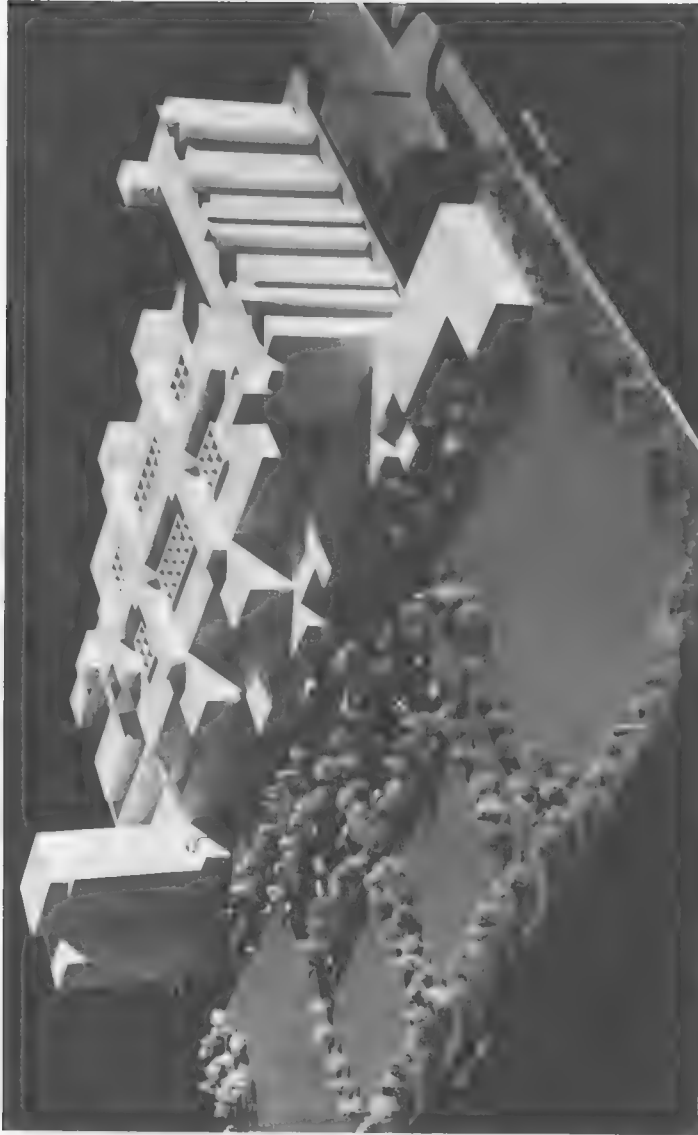
“In the Faculty of Medicine the instructors are doctors actually looking after the patient, they are not just instructors who come on the wards. I think nursing has to go that route. It seems strange to me that both instructors and students appear on the ward as visitors. I think the student nurse should work with a nurse who is actually nursing. The nursing instructor, in my opinion, should be a working nurse.”

The 50th Anniversary of the Schools of Nursing was held on November 15 and 16, 1974. Close to 1000 graduates attended one or more of the commemorative events, which included an educational forum, wine and cheese party, coffee party at the Nurses’ Residence and a formal banquet at the Edmonton Inn. Graduates of the classes of 1926 to 1932 and the former Directors were honoured at the banquet. In recognition of the 50th Anniversary, the University Hospital Board of Governors established a “graduate scholarship valued at \$1,000 to assist graduates of the University Hospital School of Nursing to pursue full time study in a recognized university for advanced nursing — related education at the Baccalaureate, Master’s or Doctoral level.”

The story of the two Schools of Nursing spans a period which saw Edmonton grow from two small pioneer towns on either side

of the North Saskatchewan River just beginning to take firm root a scant 20 years after the last Indian uprising, to a highly-industrialized young metropolis and one of the largest cities in Canada.

That the Schools of Nursing have thrived and adjusted and grown with it is evidence of the high calibre of their leaders and the clarity of their vision.



**THE FUTURE UNIVERSITY OF ALBERTA HOSPITAL**  
*New Hospital and Health Sciences Centre proposed by the provincial government in October, 1976*



## POST SCRIPT

The history of the first 50 years covers the period from 1924 to 1974. Since that time Mary E. Murphy (M.H.A. University of Ottawa) has assumed the position of Vice-President of Nursing at the University of Alberta Hospital, replacing Geneva Purcell who retired in 1975. Ruth McClure relinquished the position of Dean of the Faculty of Nursing at the University of Alberta School of Nursing in August 1976. Amy (Elliott) Zelmer, Ph. D. (Michigan State) became the new Dean.

In October 1976, Premier Peter Lougheed announced plans for the development of the long-awaited Health Sciences Centre at the University of Alberta. The centre will cost \$86.4 million and will give Alberta the lead in health care research in Canada. The complex will become a patient referral centre for all Alberta citizens and provide them with the finest diagnostic and health care service available. It will enable doctors, nurses and other health care professionals to keep pace with the rapid changes taking place in medical research and technology.

## APPENDIX I

### HONOURS AND PRESIDENCIES

#### Nurses Receiving HONORARY DEGREES Conferred by the UNIVERSITY OF ALBERTA

Rae M. Chittick L.L.D. May 14th, 1954  
 Helen G. (McArthur) Watson L.L.D. June 3rd, 1964  
 Laura Margaret Attrux L.L.D. May 29th, 1970

#### WARTIME SERVICE HONOURS

The University of Alberta Hospital alumnae can take pride in the 43 members of its company who saw wartime service. Among the more prominent were: Agnes G. MacLeod who became Principal Matron of the Canadian Armies in Italy, was wounded in service and was honoured for her work by being made a Member of the Royal Red Cross in June, 1943. Other alumnae who were made Associate Members of the Royal Red Cross in consideration of their work overseas were Lt. Queena May Esdale, R.C.A.M.C., R.N., 1930; Capt. Matron Nettie G. Gartfield, R.C.A.M.C., B.Sc. Nursing, 1938; Flight Lt. Elizabeth Rebecca (Farquharson) Barefoot, R.C.A.F., R.M., 1936; Lt. Nursing Sister Mary (Logan) Povntz, R.C.A.M.C., R.M., 1931. Margaret Jean Lees, R.N., was also awarded the Royal Red Cross, First Class for meritorious service.

#### UNIVERSITY OF ALBERTA GRADUATES WHO WERE PRESIDENTS OF THE CANADIAN NURSES' ASSOCIATION

1946 - 1948	Rae Chittick L.L.D., Alberta
1950 - 1954	Helen G. McArthur B.Sc. & L.L.D., Alberta
1964 - 1966	A. Isabel (Black) MacLeod B.Sc., Alberta
1972 - 1974	Marguerite Schumacher, Advisor to Schools of Nursing, Province of Alberta

UNIVERSITY OF ALBERTA GRADUATES &  
ASSOCIATES WHO HAVE HELD POSITIONS OF  
PRESIDENT OF THE ALBERTA ASSOCIATION OF  
REGISTERED NURSES

1921 - 1924	Margaret (McCammon) Allen
1940 - 1942	Rae Chittick
1949 - 1950	Jeanie S. (Clark) Tronningsdal
1953 - 1955	Helen Penhale
1963 - 1965	Marguerite Schumacher
1965 - 1967	Frances Moore
1969 - 1971	Geneva Purcell
1973 - 1975	Judith Prowse

PRESIDENT OF CANADIAN ASSOCIATION OF  
UNIVERSITY SCHOOLS OF NURSING

1974 -	Ruth E. McClure
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## APPENDIX II

NURSING SUPERINTENDENTS AND DIRECTORS  
1924 - 1974

SUPERINTENDENTS OF NURSES — UNIVERSITY  
HOSPITAL

1923 - 1926	Margaret Agnes McCammon
1926 - 1935	Ethel (Fenwick) Cooper
1935 - 1954	Helen S. Peters

## DIRECTORS OF NURSING — UNIVERSITY HOSPITAL

1954 - 1962	Jeanie S. (Clark) Tronningsdal
1962 - 1975	M. Geneva Purcell

## DIRECTORS OF NURSING EDUCATION — UNIVERSITY HOSPITAL

1954 - 1971	M. Ruth Thompson
1971 - 1973	Dr. H. Chalmers
1973 -	Dr. L. Lewchuk

## DIRECTORS OF UNIVERSITY SCHOOL OF NURSING

1937 - 1940	Agnes J. Macleod (Deceased)
1940 - 1943	Helen Griffith McArthur (Deceased)
1943 - 1946	Madeline (McCulla) Larson, Acting Director
1946 - 1956	Helen E. Penhale
1957 - 1976	Ruth E. McClure

## APPENDIX III

### UNIVERSITY OF ALBERTA SCHOOL OF NURSING

#### FULL-TIME FACULTY MEMBERS, 1936 - 1974

Agnes Jean Macleod, B.A., B.Sc. (Alberta), M.A. (Columbia)  
 Helen Griffith McArthur, B.Sc. (Alberta), M.A. (Columbia)  
 Madeline (McCulla) Larson, B.Sc. (Alberta), M.A. (Columbia)  
 Virginia Pearson, B.Sc. (Alberta)  
 Barbara Whittaker Eben, B.A. (Alberta), R.N. (Royal Victoria),  
 C.M.B. (Edinburgh)

Helen E. M. Penhale, B.Sc., M.A. (Columbia)  
 Helen (Bradley) Laycroft, B.Sc. (Saskatchewan)  
 Frances U. McQuarrie, B.A., B.Sc. (British Columbia)  
 Helen Gertrude F. Hamilton, B.Sc., M.A. (Columbia)  
 Isabel MacLean (Reesor) English, B.Sc. (Alberta), M.A. (Columbia)  
 Catherine Brown, B.N. (McGill)  
 Jeannette Fairbairn Doull, R.N., D.T.&S. (Alberta)  
 Winnifred Jean Milne, B.Sc. (Wayne)  
 Edythe L. Markstad, B.Sc. (Alberta)  
 Laura Attrux, R.N., P.H.N. (Toronto)  
 Dorothy Colquhoun, B.A. (McGill), R.N. (Toronto Psychiatric)  
 Patricia L. Sharp, B.Sc. (Saskatchewan)  
 Ruth E. McClure, B.Sc. (Alberta), M.P.H. (Pittsburgh)  
 Marion Patricia McMillan, B.Sc. (Alberta), M.A. (Columbia)  
 Margaret Murray (Campbell) Jackson, B.A.Sc. (British Columbia)  
     M.P.H. (Michigan)  
 Kathleen (McKnight) Bailie, B.Sc. (Alberta)  
 Margaret M. Madden, B.A. (Saskatchewan)  
 Shirley Marie Stinson, B.Sc. (Alberta), M.N.A. (Minnesota), Ed.D.  
     (Columbia)  
 Betty Harrington, B.N. (McGill), M.N. (Washington)  
 Ruth (Geddes) Elliott, B.Sc. (Alberta), M.Sc. (California)  
 Salomea Tretiak, B.A. (Manitoba), M.A. (Columbia)  
 Peggy-Anne Field, B.N. (McGill), M.N. (Washington)  
 Grace Tannahill, B.A., B.Sc. (Saskatchewan), M.A. (Washington)  
 Frances Sikora, B.N. (McGill)  
 Joanne (Zelech) Scholdra, B.Sc. (Saskatchewan), M.N., Ph.D.  
     (Washington)  
 Bernice Ward, B.Sc. (Alberta)  
 Evangeline Vinge, B.A.Sc. (British Columbia)  
 Margaret Beswetherick, B.Sc., B.N., M.Sc. (McGill)  
 Alice MacKinnon, B.Sc. (Alberta), M.N. (Washington)  
 Irene Bell, B.Sc. (Alberta)  
 Barbara Dobbie, B.N. (McGill), M.Sc. (Colorado)  
 Marjorie J. Sandilands, B.Sc. (Alberta)  
 Margarete Sheppy, B.Sc. (Alberta)  
 Mavis Chittick, B.Sc. (Alberta), M.A. (Yale)

## FULL-TIME FACULTY MEMBERS, 1936 - 1974 (cont'd.)

Patricia Wallace, B.N. (Dalhousie)  
 Sandra MacDonald, B.N. (Dalhousie)  
 Frances Murphy, B.Sc. (British Columbia)  
 Leith Nance, B.N. (McGill)  
 Joyce Sharpe, B.Sc. (Alberta)  
 Gloria Gelhert, B.Sc. (Alberta)  
 Geraldine Nakonechny, B.Sc. (Alberta)  
 Rene Day, B.Sc. (Alberta)  
 Pauline Kot, B.Sc., M.N. (Washington)  
 Frances M. McAdoo, B.N. (Saskatchewan), M.Ed. (Colorado)  
 Devamma Purushothan, B.N.Sc. (Queens), M.Sc. (McGill)  
 Joanne Boyd, B.Sc. (Alberta)  
 Donna Cooley, B.N. (McGill)  
 Joan Ford, B.N. (McGill), M.Sc. (McGill)  
 Jeanette Funke, B.N. (McGill), M.Sc. (Colorado)  
 Patricia Hayes, B.N. (McGill), M.H.S.A. (Alberta)  
 Stella Hazlett, B.Sc. (Alberta)  
 Karen Stevens, B.Sc. (Western)  
 Brenda Wroot, B.Sc. (Alberta)  
 Patricia Sullivan, B.Sc. (Mt. St. Vincent), M.Sc. (Boston)  
 Peggy Wilson, B.Sc. (Alberta)  
 Dorothy Aune, B.Sc. (Columbia), M.Sc. (McGill)  
 Margaret Docherty, B.N. (McGill), M.P.H. (Michigan)  
 Elizabeth Robertson, B.A.Sc. (British Columbia), M.N. (Washington)  
 Violet Matheson, B.A. (Calgary)  
 Karen Mills, B.Sc. (Alberta)  
 Helen H. Niskala, B.N. (McGill), M.Sc. (California)  
 Mae Stolte, B.N. (McGill)  
 Kathleen Dier, B.Sc. (Alberta), M.Sc. (McGill)  
 Eileen Crane, B.Sc. (Alberta), M.Sc. (Colorado)  
 Margaret Steed, B.N. (McGill), M.A. (Columbia)  
 Patricia McKillip, B.S.N. (Nebraska), M.A. (Idaho State)  
 Mary Cannings, B.Sc. (Alberta)

## FULL-TIME FACULTY MEMBERS, 1936 - 1974 (cont'd.)

Darlene Forrest, B.Sc. (Alberta)  
 Janet Smith, B.Sc. (Alberta)  
 Joan Affleck, B.Sc. (Alberta)  
 Anne Neufeld, B.Sc. (Saskatchewan), M.A. (Saskatchewan)  
 Elaine Parfitt, B.Sc. (Alberta)  
 Judith Friend, B.Sc. (Alberta)  
 Judith Weir, B.Sc. (Alberta)

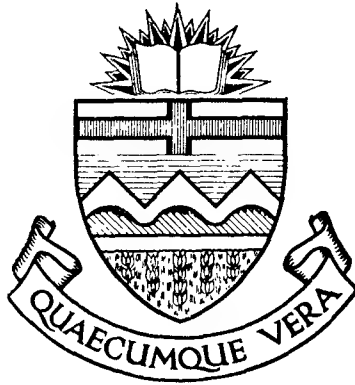
## SESSIONAL LECTURERS (FIVE YEARS OR MORE)

Elizabeth Smith, B.N. (McGill)  
 Leigh Carew, B.Sc. (Alberta)  
 Janet Storch, B.Sc. (Alberta)  
 Georgina Fysh, B.Sc. (Alberta)  
 Darlene Davidson, B.Sc. (Alberta)  
 Joyce Baird, R.N., Cert. A.P.O. (Alberta)

## APPENDIX IV

### TOTAL NUMBER OF GRADUATES, 1924 - 1976

<b>School</b>	<b>Designation</b>	
Hospital	R.N.	3,170
University	B.Sc.	1,419
University	R.N. plus Diploma in Teaching and Supervision	300
University	R.N. plus Diploma in Public Health Nursing	464
University	R.N. plus Certificate in Advanced Practical Obstetrics	28
<b>TOTAL</b>		<b>5,381</b>



*50th*  
*Anniversary*

UNIVERSITY OF ALBERTA  
*and*  
UNIVERSITY HOSPITAL  
SCHOOLS OF NURSING

EDUCATIONAL PROGRAM  
Student's Union Theatre

NOVEMBER 15th, 1974  
Edmonton. Alberta. Canada



1200-1300 hours — REGISTRATION

1315-1330 hours — GREETINGS

Dr. B. Snell, Executive Director,  
University of Alberta Hospital  
Dr. H. Kreisel, Vice-President,  
The University of Alberta

1330-1340 hours — INTRODUCTION OF KEYNOTE SPEAKER

Miss Barbara J. Dobbie

1340-1430 hours — KEYNOTE ADDRESS

*Canadian Perspectives in Nursing*  
— *Past, Present and Future*  
Miss Margaret Street

1430-1515 hours — COFFEE BREAK

VISIT DISPLAYS

1515-1630 hours — INTRODUCTION OF PANEL

Miss M. G. Purcell

PANEL DISCUSSION

*Present Programs at The University of Alberta*  
*and University of Alberta Hospital*  
University Hospital School of Nursing

— Dr. L. Lewchuk

Baccalaureate Degree Programs

— Miss Helen Niskala

Master's Program

— Dr. S. M. Stinson

Nurse Practitioner Program

— Miss Kathleen Dier

Advanced Practical Obstetrics Program

— Miss Peggy-Anne Field

Continuing Education Program

— Dr. Amy Zelmer

SUMMARY

Miss Ruth E. McClure

Educational Program Committee:

Connie Hanson, Chairman

Mary Cannings

Darle Forrest

Diane Hiller

Kerry Rankin

Ardith Sadd

50TH ANNIVERSARY OF UNIVERSITY SCHOOLS OF NURSING,  
NOVEMBER 1974



L to R . Former Directors -

*Helen Penhale, Ruth McClure, Geneva Purcell, Ethel Fenwick Cooper,  
Jeanie (Clark) Tronningsdal and Margaret Street (Keynote speaker).*

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